

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

ame: McCollum, Lance  
 TDCJ No.: 1105538  
 Unit: SV

Date & Time	Notes
1-26-03 1530	NSG: Seen in C/M cell 5 of 5 of distress noted. Seen in cell lying on bunk. Will monitor. — <u>Quinn</u>
1-26-03 2200	Seen in C/M cell has shorts on & his paper gown torn said his shoulders are too wide for it, has a blanket VAD <u>Quinn</u>
1-27-03 0910	Initial G/M Note (S) "I don't have any problems" @ Pt denies suicidal thoughts/intent. Denies documentation of inmate behavior. No signs of psychiatric distress. @ 296.3 <u>Quinn</u> (P) Many have G/M materials. — <u>Quinn</u>
1-27-03 2330	NSG: Seen in C/M cell. Voice N/C. No distress. Will monitor. — <u>Quinn</u>
1-28-03 0945	G/M Note (S) "I'm OK" @ Pt denies any suicidal thoughts/intent. Asymptomatic of psychiatric distress, no signs of mental decompensation. Reports complaint & medication 3x/week: 5.2: 5/5. @ 296.3 (P) If no change 4/5 to 10A tomorrow. — <u>Quinn</u>
1-28-03 1430	NSG: Seen on C/M round. PIC forced. Will monitor. <u>Quinn</u>
1-28-03 2355	NSG: Remains in C/M cell, quiet & N/C. <u>Quinn</u>
1-29-03 0700	No complaint - cooperative & 4/5 needs. <u>Quinn</u>

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Name: McCollum, Isaac  
 TDCJ No.: 1105588  
 Unit: BV

Date & Time	Notes
1/23/03 2:00	Rt. Admission Note to Spe View Case Management, This is copy of a white male admitted ambulatory from Buster Calley, Due to Bizarre behavior. Pt is alert oriented x3, Pt denies all reasons for sending him back to BV. Pt was discharged on 1/15/03. Pt is alert oriented x3. Pt denies hearing voice or plotting. I don't have any problems. and I don't have any problems. NKDA. 2972 P101 R20, BP 124/74, Pt is on Seroquel 160mg qam. Keflex 75mg. Pt is given reason for admission. and how to access medical care. <i>[Signature]</i>
1/24/03 c 2240	Hx. Shaved pt & back clips. Color good. Rxn in non-injunct. all good day. No diet. No medical problems. <i>[Signature]</i>
1-25-03 0700	No complaints - cooperative v/s + meds. Cont cm. <i>[Signature]</i>
1-25-03 1200	Seen in CM cell. Quiet NAD. <i>[Signature]</i>

Please sign each entry with status.

Plaintiffs' MSJ Appx. 1070

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES  
ABNORMAL INVOLUNTARY MOVEMENT SCALE

NAME

TDCJ #

McGillum, Kaela  
1105532

Complete examination procedure outlined in the instructions before making rating. Rate highest severity observed. Movements occurring upon activation rate one less than those occurring spontaneously.

0 = None 1 = Minimal 2 = Mild 3 = Moderate 4 = Severe

1. Muscles of facial expression e.g. movements of forehead, eyebrows, preorbital area, cheeks, include frowning, blinking, smiling, grimacing	0	0	0																	
2. Lips and perioral area e.g. puckering, pouting, smacking	0	0	0																	
3. Jaw e.g. biting, clenching, chewing, mouth opening, lateral movement	0	0	0																	
4. Tongue Rate only increase in movement both in and out of mouth, not inability to sustain movement	0	0	0																	
5. Upper (arms, wrists, hands, fingers) Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous); athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT include tremor (i.e., repetitive, regular, rhythmic).	0	0	0																	
6. Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion & eversion of foot	0	0	0																	
7. Neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations	0	0	0																	
8. Severity of abnormal movements	0	0	0																	
9. Incapacitation due to abnormal movements	0	0	0																	
10. Patient's awareness of abnormal movements Rate only patient's report: No awareness=0 Aware, no distress=1 Aware, mild distress=2 Aware, moderate distress=3 Aware, severe distress=4	0	0	0																	
11. Current problems with teeth &/or dentures? No=0 Yes=1	0	0	0																	
12. Does patient usually wear dentures? No=0 Yes=1	0	0	0																	
Comments:	<p>DATE: 10/10/15</p> <p>SIGNATURE: [Signature]</p> <p>11-15-03</p>																			

CRISIS MANAGEMENT AND D & E

2-10

REFERRAL INFORMATION

DATE: 01/24 TIME: 1640 EXT: \_\_\_\_\_ UNIT OF ASSIGNMENT: Buster

NAME: McCollum, Larry TDCJ #: 1105538 CUSTODY LEVEL: \_\_\_\_\_

REFERRED BY: Joe Hime RN ACCEPTED BY: Burtonito M.D.

REFERRED TO: CRISIS MANAGEMENT ☒ D&E \_\_\_\_\_ COURT COMMITMENT \_\_\_\_\_

AXIS I DIAGNOSIS: \_\_\_\_\_

REASON FOR REFERRAL: 494/0 going away property - mailing  
moose - general deterioration N.O. plan

MEDICATIONS: \_\_\_\_\_

**CLINIC NOTES**  
TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
**INSTITUTIONAL DIVISION**

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

Plaintiffs' MSJ Appx. 1073





**CLINIC NOTES**  
**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**INSTITUTIONAL DIVISION**

NAME:

Mc Collum, ARRY

TDCJ NO.:

# 1105538

UNIT:

BUSTER COLE STATE JAIL

DATE/TIME	MENTAL HEALTH REVIEW OF TRANSFER SCREENING
1/20/03 S)	Offender arrived this date from:
1100	<input type="checkbox"/> Psychiatric inpatient/crisis management facility
	<input checked="" type="checkbox"/> <u>161</u> (TDCJ facility name)
O)	Review of medical record indicates:
	<input type="checkbox"/> No current or past mental health treatment; no current mental health complaints; no current or past suicidal ideations or attempts
	<input checked="" type="checkbox"/> Current mental health treatment
	<input type="checkbox"/> History of mental health treatment
	<input type="checkbox"/> History of suicide attempts/gestures
	<input type="checkbox"/> Current suicidal ideation
	<input type="checkbox"/> Poor hygiene, disorientation, inappropriate behavior and/or thought process
A)	Assessment:
	<input type="checkbox"/> No apparent mental health needs at this time
	<input checked="" type="checkbox"/> Possible mental health needs, non-urgent
	<input type="checkbox"/> Possible mental health needs, urgent
	<input type="checkbox"/> Current prescription for psychotropic medications
P)	Disposition:
	<input type="checkbox"/> Continue routine in-processing
1-24-03 PSH	<input checked="" type="checkbox"/> Schedule for routine mental health assessment (within 7 days)
	<input type="checkbox"/> Schedule for immediate mental health assessment
	<input type="checkbox"/> Schedule for psychiatrist/MLP (within 3 working days)
	<u>Tim Dorsett, MHL</u> Tim Dorsett, MHL

Please sign each entry with status.

Plaintiffs' MSJ Appx. 1075

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Name: MC Collum, Arly  
 TDCJ No.: # 110 5538  
 Unit: CL

Date &amp; Time

Notes

1/24/03 (S) Saw MR. MC Collum for a security re-barrel.  
 0950 He says he's "doing better". The security was worried  
 about him. He says he's <sup>25</sup> He was venting some anger.  
 He said he's ok now. He said he didn't do anything  
 to the Comode. He stays he's "fine". He states he has  
 hope for the future. (C) MR. MC Collum is a 49  
 year old white male who is incarcerated for 20 mos.  
 for theft. He presents w/ a euthymic affect. He  
 is a little guarded about the "toilet incident".  
 He is looking forward to seeing his family. He  
 has fair hygiene. He is lucid & fully oriented  
 X4. "I just need to humble myself". He  
 reports eating well & sleeping well. (C) Major  
 Depression (D) Refer to PR. Rodriguez on  
 1/29/03 - Tim J. Jorsett, M.D., SCW, M.D.



TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Date & Time	Notes
15/08/18	1415 18307 to SV 31 B08, Nipper of noted & report given. Although 1-15-03 sys. returned on SV3 B08 in C/M display. 1430 States no complaints voiced No further notes. <u>With L</u>

TEXAS DEPARTMENT OF  
MENTAL HEALTH  
ABNORMAL INVOLUNTARY MOVEMENTS

STATE JUSTICE  
ES  
VT SCALE

NAME

TDCJ #

McCullam, Larry G.

1105538

Complete examination procedure outlined in the instructions before making rating. Rate highest severity observed. Movements occurring upon activation rate one less than those occurring spontaneously.  
0 = None 1 = Minimal 2 = Mild 3 = Moderate 4 = Severe

1. Muscles of facial expression  
e.g. movements of forehead, eyebrows, preorbital area, cheeks, include frowning, blinking, smiling, grimacing

2. Lips and perioral area  
e.g. puckering, counting, smacking

3. Jaw  
e.g. biting, clenching, chewing, mouth opening, lateral movement

4. Tongue  
Rate only increase in movement both in and out of mouth, not inability to sustain movement

5. Upper (arms, wrists, hands, fingers)  
Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous); athetoid movements (i.e., slow, irregular, complex, stereotyped). DO NOT include tremor (i.e., reactive, regular, rhythmic).

6. Lower (legs, knees, ankles, toes)  
e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion & eversion of foot

7. Neck, shoulders, hips  
e.g., rocking, twisting, squirming, pelvic evasions

8. Severity of abnormal movements

9. Incapacitation due to abnormal movements

10. Patient's awareness of abnormal movements  
Rate only patient's report: No awareness = 0 Aware, no distress = 1 Aware, mild distress = 2 Aware, moderate distress = 3 Aware, severe distress = 4

11. Current problems with teeth &/or dentures?  
No = 0 Yes = 1

12. Does patient usually wear dentures?  
No = 0 Yes = 1

Comments:

DATE:

SIGNATURE:

08/10/07  
McCullam, Larry G.

## MEDICATION PAGE

4/19/2013

FDC NO. 01105530

NAME: MCDILLUM, LARRY GENE

UNIT: IL

HOUSING LOCATION: BORN 17

PED: 014

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
COLUMBASTINE 1% CRM 15GM J	BAFF, LARRY M	11/17/02	02/14/03	0	00/00/00
APPLY AS DIRECTED 2 XS DAILY XS 30 DAYS ROP.					
NAPROXEN 500MG TABLET	BLACK, MARIE	12/12/02	01/10/03	0	00/00/00
TAKE 1 TAB 2 TIMES DAILY FOR 30 DAYS					
AMFACID CHEWABLE TABLET	BAFF, LARRY M	12/20/02	01/10/03	0	00/00/00
TAKE 2 TABS 2 TIMES DAILY FOR 30 DAYS					
CETRALINE 100MG TABLET &	FORD, JOHN S	12/30/02	01/20/03	1	03/27/03
TAKE 1 TAB EVERY AM FOR 30 DAYS					
CLINDICIN VK 500MG TABLET	NETHERY III, MAU	01/06/03	01/12/03	0	00/00/00
TAKE 1 TABLET 2 TIMES EVERY DAY FOR 7 DAYS.					
ETH. PREDONAZONE 500MG TABLET	NETHERY III, MAU	01/06/03	01/10/03	0	00/00/00
TAKE 1 TABLET 2 TIMES EVERY DAY FOR 5 DAYS.					
ROBTREPTILISRE 15MG CAPSULE	DUCAIT, SUZANNE	01/09/03	02/07/03	0	07/07/03
TAKE 1 CAP AT 1500 X 30 DAYS (MAJOR DEPRESSION)					

CRISIS MANAGEMENT AND D &amp; E

## REFERRAL INFORMATION

302  
1400DATE: 1/10/03 TIME: 0920 EXT: \_\_\_\_\_ UNIT OF ASSIGNMENT: CLNAME: McCollum, Larry TDCJ #: 1105538 CUSTODY LEVEL: GPREFERRED BY: Dorsett ACCEPTED BY: KingREFERRED TO: CRISIS MANAGEMENT X D&E \_\_\_\_\_ COURT COMMITMENT \_\_\_\_\_AXIS I DIAGNOSIS: 296.34REASON FOR REFERRAL: Decompensated - Threatened Suicide

MEDICATIONS:

Pamolan 75mg

**UTMB MENTAL HEALTH SERVICES  
CRISIS MANAGEMENT DISCHARGE SUMMARY**

NAME <u>McCallum, Larry</u>	TDCJ # <u>1105538</u>	UNIT <u>SV</u>
# PRIOR C/M ADMISSIONS <u>0</u>	# PRIOR INPATIENT ADMISSIONS <u>0</u>	DATE OF LAST ADMISSION <u>N/A</u>
ADMISSION DATE <u>1/10/03</u>	UNIT OF ORIGIN <u>CL</u>	DISCHARGE DATE <u>1/15/03</u>

REASON FOR ADMISSION Suicidal ideations - Recently in two fights

PRESENTING SYMPTOMS & COURSE OF STAY Denial SI/HT on AN hallucinations/delusions.  
Chief complaint is not hearing from his mother who is in a nursing  
home in Waco.

CURRENT MENTAL STATUS & RISK ASSESSMENT Euthymic mood & congruent affect.  
Spontaneous, organized, goal directed. OK. Insight/Judgment fair.  
Low risk for potentially lethal acts.

DIAGNOSTIC IMPRESSION	AXIS I <u>296.36</u>
	AXIS II _____

**RECOMMENDATIONS/PLAN:**

☐ ADMIT TO INPATIENT CARE

☐ INITIATE/CONTINUE OUTPATIENT CARE (SPECIFY) \_\_\_\_\_

☒ OTHER (SPECIFY) Access to MHS reinforced and encouraged  
should be experience further problem.

☐ CONSULTATION WITH RECEIVING FACILITY MENTAL HEALTH OR MEDICAL STAFF CONDUCTED WITH  
 (NAME) \_\_\_\_\_

Michael Stein MHS/PP  
 CRISIS MANAGEMENT PSYCHOTHERAPIST SIGNATURE

1/15/03  
 DATE

ADDITIONAL COMMENTS:

NKPA

Plaintiffs' MSJ Appx. 1082



## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Name: McCollum, Larry G.  
 TDCJ No.: 110 5538  
 Unit: 5 V

McCollum NKDA

Date & Time	Notes	49 w/m
1-11-03 0700	Cooperated c w/s + needs. Cont c/m. <u>McCollum</u>	
1-11-03 0800	Seen in cell 5 complaint, lying on bunk. <u>McCollum</u>	
	Verbal no self-harm intent. Cont. eval. <u>Skellern</u>	
1-12-03 0310	No complaints - walked to shower + cooperative c staff. Cont c/m. <u>McCollum</u>	
1-12-03 0400	Seen in cell lying on bunk. No distress noted. Cont. eval. <u>Skellern</u>	
1-12-03 0820	Seen in cell lying on bunk 5 complaint. <u>Skellern</u>	
1/13/03 0900	Initial c/m Note (S) "I don't think I could hurt anybody, even myself." Denied SI/AI on AP hallucinations. Related that he is eating & taking fluids now and his outlook has improved. (C) Euthymic mood c congruent affect. Spontaneous, organized and goal directed. OX4. Insight/judgment fair. Reports frustration with situation and being unfamiliar c TDCJ. (A) 296.32 (P) Cont. c/m c all materials & paper trays. <u>McCollum</u>	
1/14/03 1300	c/m Note (S) "No problems" (C) Denies any suicidal thoughts/intent. Presented asymptomatic of psychiatric distress and denies any mental decompensation. Goal directed to return to NKDA so he can communicate c family members. (A) 296.36 (P) <u>McCollum</u> no change d/c to NKDA tomorrow. <u>McCollum</u>	

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISIONName: Mc Collum, Larry  
TDCJ No.: 1105538  
Unit: SV

NKD.A.

Date & Time	Notes	49 W/m
01/10/03 1405	SV CM Neg Admit Note - Pt. arrived from B. Cole unit via chain van for admit due to suicidal thoughts. Ambulatory to unit, cooperative & intelligent. Pt. is A+OX 3, denies A/V hals. HI and states, "Well, I don't want to hurt myself." Does report he will notify staff if suicidal thoughts occur. Pt. reports from world had psych & sent for depression. Appears angry & confused at clinic. Tongue has healed laceration on inside (flap like) that he reports he rec'd in altercation last Sunday and the CA sutures put in Thursday. Appears healed, no bleeding or open flesh noted on tongue. Pt. reports "I've stepped up from not being able to eat, I don't know what I can eat." Pt. has Neg HI MS, VS 120/88, 96.5, 122/18. Is currently taking 10 mg of Tylenol and meds for tongue laceration in NKDA. No other physical c/o reported or noted on exam. Reason for admission, accused to cause while inpt and SVCA protocol applied so pt. would understand of all teaching and receive no questions or concerns at present. <i>P. Peterson</i>	
1/10/03 2200	Phys. Pt. seen during nursing rounds. SE/HI noted. No verbal c/o pain / discomfort noted. <i>J. Stith</i>	
1-11-03	No complaints - says toilet overflowed and 0700 blanket is soaked & rolled up in the corner. <i>(C. G. 13)</i>	

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Name: Mc Collum, Larry  
 TDCJ No.: # 110 553P  
 Unit: CL

Date & Time	Notes
1/08/03 1000	I-60 rec'd in medical on 1/7/03! "I would like to know when my next appt. is - send written response!" Mr. McCollum you are scheduled to see the doctor on 1/8/03. — Tim Zouareh, MHA
1/10/03 0845	(S) Saw Mr. McCollum per a referral from Captain Barkin. He said he doesn't know if he's having suicidal thoughts. He was in a fight on 1/5/03. He reports pain on his tongue. He said medical said he might have pulled his stitches out. He is saying he wants to make a million dollars writing books while he's in prison. When asked if he trusted himself not to hurt himself. He said he trusts himself not to hurt himself. He said he's heard the lord call him. He is fully oriented but seems somewhat confused. He said the lord told him he's a baby in that he's newborn. He said he left ate this a.m. (S) MHA. McCullum is a 49 year old white male who is incarcerated for 20 months for theft. He is oriented to time, place, but seems confused and says he's "Santa Claus". He said he's had thoughts of drinking chemicals to hurt himself but says he won't. He says it's hard to deal w/ all this stuff. He has a major/crying affect. This MHA is concerned about Mr. McCollum's mental status. (a) Major Depression (b) Refer to supervisor — Tim Zouareh

Please sign each entry with status.

Plaintiffs' MSJ Appx. 1085

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Name: McCollum, Barry  
 DCJ No.: 1105538  
 Unit: C2

Date & Time	Notes
11/1/02 110	I-60 rec'd. "I would like to make sure my Xertaline is renewed at end of month." Page: This med is good until 3/29/03.
12/9/02 0815	I-60 reviewed in medical on 12/8/02! Check up w/ Psychologist Fur. - call out 12/9/02 w/ MITZ - Tim Dwyer MAZ (S) Saw MR. Mc Collum per his I-60 dated 12/9/02. He States He got a Job Change where He works in the kitchen. He reports he can't sleep nor eat good. He said th it has been going on the last couple of months. He said recently he's feeling more griefs about his dad's death. He said He had a close relationship w/ his dad & worries what He will do for housing etc. He denies delusional behaviors etc. He hears from his brother & daughter some. He describes "shaking" & "facing/wondering thoughts." (C) MR. McCollum is a 49 Year old white male who is incarcerated for 20 months for theft by check. He presents w/ a semi-blunt affect. He describes feeling depressed & thinking a lot about his dead father. He is disheveled & ill-shaven. He reports various somatic complaints & concerns about his work restriction. He wants to see Dr. Rodriguez earlier. (C) Major Depression (P) Refer to Dr. Rodriguez on 12/11/02. - Tim Dwyer MAZ

Psych  
 ppt  
 12-11-02  
 msh

Please sign each entry with status.

Plaintiffs' MSJ Appx. 1086



## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Time: ME Collum, Larry  
 DCJ No.: 1105538  
 Unit: \_\_\_\_\_

Date & Time	Notes
9/5/02	I-60102: I've been shaking & been really nervous lately."
0800	Schedule to see MHC 9/6/02. - Tim Zorsett, M.D., MHC
9/6/02	Saw Mr. ME Collum per his I-60 dated 9/4/02.
1100	He says He's been having some involuntary shaking. He states He saw Dr. Ford on 9/5/02 and did get a med. Change. He reports He eats usually one to two meals a day. He reports poor sleep. He reports He thinks about his mother who is ill in a Nursing Home. He denies suicidal ideation. He says sometimes He feels like He doesn't want to be here. He states He thinks a lot about his dad's death. He states that his bible helps give him strength. He says his daughter will give birth soon & he's looking forward to seeing them. He has a grown boy & a girl. He says He hasn't heard from them in a long time.
	① Mr. ME Collum is a 49 Year old white male who is incarcerated for 20 months - for theft by check. He presents w/ a semi-flat a-b-breast. His hygiene is fair. Eye Contact good. He denies any delusions. He reports the meds have helped his depression but the side effects annoying. He says that his bible "gives him strength." He is fully oriented & attends to the conversation w/ interviewer. ② Major Depression ③ Follow up as needed.
	- Tim Zorsett, M.D., MHC

Please sign each entry with status.

Plaintiffs' MSJ Appx. 1087

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

me: McCollum, Larry  
 TDCJ No.: 1105538  
 Unit: CL

Date & Time	Notes
8/9/02 1135	(cont.) No S/S of psychosis. OX4, says he is a light sleeper & doesn't get a lot. Naps after n day-time. appetite is "pretty good." He is overweight although he has lost about 30 lbs. He would like to be placed on a diet tray. (A) Major Depressi-
AHA 8-22-02 Ford	recurrent, by hx. (P) Refer to Dr. Ford. R. Lee Anderson, MD
8/22/02 9:50 <sup>AM</sup> Ford	Dr. Ford Unable to see on this date due to security problem re-schedule on 9/5/02. - Tim Zorrett, M.D., MHC for Dr. Ford. "
9/4/02 0845 <sup>PM</sup> Ford	<del>I-60 rec'd! I've been having shakes &amp; been really nervous lately. - will schedule appt. on 9/6/02.</del>
9/6/02 0830	<del>(S) Saw MR. McCollum for his scheduled appt. per his I-60. He states he gets a 99, 700 shot since thinking about his X-girlfriend taking his child to Oklahoma. He said his girlfriend's ran off w/ a drug dealer in Portland known in Oklahoma per his X's mother who wrote in 3 weeks ago. Enroute said this individual who ran off w/ girlfriend has been arrested for drugs. He said he has heard from his mother only twice since he's been locked up.</del>

Please sign each entry with status.

Plaintiffs' MSJ Appx. 1088



Name: McCollum, Larry  
DCJ No.: 1105538  
Unit: Co/e

10174

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

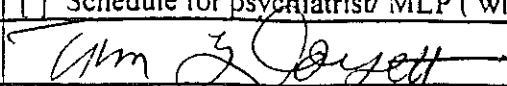
Name: Mr. McCallum, Larry  
 DCJ No.: 1105538  
 Unit: 610

Date & Time	Notes
8/7/02 1000	MR. McCallum is seen for intake on this date. He had been on meds for depression. He was using alcohol in the world. He used this as an escape to be released from the pain. He was first put on anti-depressants in June. He was also on Zolast. He is currently on Serenine. IT was prescribed by Dr. Reddy. He has never attempted suicide & is not suicidal now. He stays to himself & he reads a lot. He is on the utility squad. He reports his appetite is lessened. He eats some of every meal. He reports he gets 4-6 hrs. of sleep. He went through a divorce & JS. He describes it as a rough time. (C) Mr. McCallum is a 49 <del>that</del> <sup>now 50</sup> year old white male who is incarcerated for "that by using a hot check". He is serving 20 months. He presents w/ a semi-flat affect. He states moderate depression. He states he has things to look forward to such as classes on alcoholism. He wants a job in the world. He reports he was his father's caregiver for years. He states he won't get out til Jan. 04. He reports He might (cont)

Please sign each entry with status.

Plaintiffs' MSJ Appx. 1090

DCJ NO.: 1105838  
 Jnit: Buster Cole State Jail

7		MENTAL HEALTH REVIEW OF TRANSFER SCREENING	
DATE/TIME			
8/1/12	S)	Offender arrived this date from:.	
1427		<input type="checkbox"/> Psychiatric inpatient/crisis management facility <input checked="" type="checkbox"/> <u>HJ</u> (TDCJ Facility name)	
O:		Review of medical record indicates:	
		<input type="checkbox"/> No current or past mental health treatment; no current mental health complaints; no current or past suicidal ideations or attempts	
		<input checked="" type="checkbox"/> Current mental health treatment	
		<input type="checkbox"/> History of mental health treatment.	
		<input type="checkbox"/> History of suicide attempts/gestures	
		<input type="checkbox"/> Current suicidal ideation	
		<input type="checkbox"/> Poor hygiene, disorientation, inappropriate behavior and/or thought process	
A:		Assessment:	
		<input type="checkbox"/> No apparent mental health needs at this time	
		<input checked="" type="checkbox"/> Possible mental health needs, non-urgent	
		<input type="checkbox"/> Possible mental health needs, urgent	
		<input type="checkbox"/> Current prescription for psychotropic medications	
P:		Disposition	
		<input type="checkbox"/> Continue routine in-processing	
		<input checked="" type="checkbox"/> Schedule for routine mental health assessment ( within 7 days )	
		<input type="checkbox"/> Schedule for immediate mental health assessment	
		<input type="checkbox"/> Schedule for psychiatrist/ MLP ( within 3 working days )	
8-7-02 MH/18		 Tim Dorsett, Mental Health Liaison	

le sign each entry with status.  
 SM-1 (Rev. 5/92)

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

Name: M. Callum. Perry  
 DCJ No.: 1105538  
 Unit: 149

Psy  
 hoose Element

Date &amp; Time

Notes

7-16-02/1520/⑤ 140 Flu. / % has a hard time sleeping.  
 States Doc sleep apnea @ a County Clinic  
 in Waco, TX / Denies taking meds for this  
 Currently taking Zolof - ① 4/15 - / State setting  
 meds O.K. / Denies suicidal or self-harm @  
 this X.

② 9/10 x 3 / mood euthymic / good up & contact —  
 speech wnl. / & abnormal body moves @ this X.

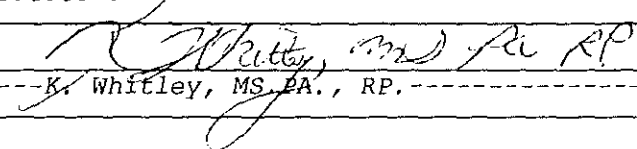
(A) Depressed

(P) Sleep RN

J. Nicky LVM  
 Psychiatric Nurse

**CLINIC NOTES**  
**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**INSTITUTIONAL DIVISION**

me : McCollum, Larry  
 ,JCJ No: 1105538  
 Unit: HUTCHINS STATE JAIL

Date & Time	NOTES
7/16/02 (1400)	S: Offender seen for F/U psych testing. PAI administered.
	O: Offender was alert & expressed no difficulty with understanding the test item content. Results of the test were valid. The offender appeared to have answered in a forthright manner & did not attempt to present an unrealistic or inaccurate impression of himself. Test results pointed to the presence of both alcoholism & depression. This is an individual with a hx of drinking problems who is quite unhappy & pessimistic. His alcohol use has undoubtedly led to a number of adverse consequences, such as difficulties in interpersonal relationships, difficulties on the job, & possible health complications. He likely feels significant guilt about his life circumstances, & his depression & alcohol use may be related: the depression may be driving the alcohol use or it could be a consequence of the disruption associated with his alcohol use. Nevertheless, he appears alcohol-dependent, & he is probably quite pessimistic about his prospects for change or improvement. Test results also pointed to the presence of a significant depressive experience. This individual is probably plagued by thoughts of worthlessness, hopelessness, & personal failure. However, in terms of affect, the content of his report suggests only moderate feelings of sadness. This pattern suggests that he might not recognize symptoms of depression, or he may be repressing the experience of unhappiness to some extent. This individual also appears withdrawn & socially isolated. His level of social support is somewhat lower than the average adult. Although the offender denied suicidal thoughts in the interview, test results suggest that he may indeed be experiencing periodic & transient thoughts of self-harm. His potential to act out in this manner is increased by his lack of social support.
	A: Axis I: Depressive Disorder, NOS. Alcohol Dependence
	P: Continue on intake protocol.
	 -----K. Whitley, MS, PA., RP.-----

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

**CLINIC NOTES**  
**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**INSTITUTIONAL DIVISION**

Name : McCollum, Larry  
 DCJ No: 1105538  
 Unit: HUTCHINS STATE JAIL

Date & Time	NOTES
7/10/02 (1100)	were present. Offender was oriented in all spheres & clearly of average
---cont---	intelligence. He was articulate & expressed his thoughts in a logical,
	goal-directed manner. He appeared to be a reliable informant.
	A: Axis I: Depressive Disorder, NOS.
	P: Offender is on intake protocol. He will be scheduled for psych
	testing & 14 day F/U. He will also be referred to the depression
	monitoring group.
	-----K. Whitley, MS.PA., RP.-----

Please sign each entry with status.

HSM - 1 (Rev. 5/92)



**CLINIC NOTES**  
**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**INSTITUTIONAL DIVISION**

Name : McCollum, Larry  
 DCJ No: 1105538  
 Unit: HUTCHINS STATE JAIL

Date & Time	NOTES
7/10/02 (1100)	S: Offender seen for IMHA. Limits of confidentiality reviewed & written copy provided to offender. Risks & benefits of tx discussed & understood. Consent for tx signed. Offender is a 49YOWM who is serving his 1 <sup>st</sup> TDCJ incarceration for theft. Offender stated that he committed his crime because he had trouble coping with the deaths of his brother & father. His brother died 5 years ago, but his father died in April. Offender indicated that he became depressed & subsequently spent \$12,000 on various items & gambling. He acknowledged that he had problems with gambling, sex, & alcohol. He indicated that his drinking escalated in 1983 after a divorce, & he has been cited on 3 different occasions for DWI. He has never been in rehab, only a detox center once in 1987 for 10 days. He has had some minor involvement with AA. The offender has never seen a psychiatrist in the FW. He was placed on antidepressants by a regular MD at the county health department. Offender stated that he was hurt on his job last year & was coping with his father's illness at the same time. During this period of time he was prescribed antidepressants; however, his compliance was somewhat erratic. At present he has been on meds less than 2 months.
	O: Offender was a very obese but appropriately groomed individual who appeared his stated age. He was polite & friendly during the interview, & rapport was easily established. He did not appear to be in acute distress; however, his mood was mildly despondent. Affect was congruent to ideational content. Offender stated that he had experienced difficulty coping with the loss of his father. He stated that he was very co-dependent, & he expressed concern about his welfare once he releases from prison as he has no place to live. He stated that he worried about the future, but he indicated that he worked at keeping his mind off things that depress him. He denied suicidal ideation but stated he sometimes feels he has no real purpose for living. He indicated that he often felt hopeless & amotivated. He reported fluctuating appetite, erratic sleep patterns, & a recent weight loss of 30 lbs. No psychotic indices

(continued > )

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISIONWm  
4-4-53Name: McLennan, Larry

DCJ No.: \_\_\_\_\_

Unit: HJ

Date &amp; Time

Notes

7-1-02/1530 (S) - Triage from McLennan Co. Consent for Mental Health TX signed / NKDA

Diagnosis: Depression. Med: Zoloft .100mg. 2 AM.

Flw. TX: McLennan Co. Health Clinic Dr. Depression

Med: Zoloft.

Denies h/o suicide attempt

Denies h/o A/P disturbances

Denies suicidal ideation @ this X.

⑥. 90% speech wnl (mood euthymic) good eye contact / 0 abnormal body monev noted.

⑦. defended

⑧. Refer. RP. psy /

J. Hickey/LVN  
Psychiatric Nurse

UNIVERSITY OF TEXAS MEDICAL BRANCH CORRECTIONAL MANA CARE  
MENTAL HEALTH SERVICES

## INDIVIDUAL TREATMENT PLAN (ITP)

Patient Name McAllen, LarryTDCJ# 1105558Facility 125

## Provider Type:

- ☒ Psychiatrist/MLP  
☐ Psychotherapist/Psychologist  
☐ Mental Health Liaison/Social Worker  
☐ Occupational Therapist  
☐ Music Therapist  
☐ Recreational Therapist

## Program:

- ☒ Outpatient  
☐ Inpatient  
☐ AMPP  
☐ Step-down

ITP Review Date:

11-19-01

Provider Initials:

SRDate ITP Drafted 7-22-02

ITP Closed Date:

(see Clinic Notes for details)

## Initial DSM IV Diagnosis:

Axis I Major depressive recu

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

## Revised Diagnosis:

Revision date \_\_\_\_\_

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

Patient strengths good insightLong-term goal(s) On remissionProblem/focus of intervention (1) Feel depressed, & everyDate Identified 3 months ago Short-term goal no feel depressedAnticipated achievement date 3 months Actual achievement date \_\_\_\_\_Treatment/intervention 2002

Problem/focus of intervention (2) \_\_\_\_\_

Date Identified \_\_\_\_\_ Short-term goal \_\_\_\_\_

Anticipated achievement date \_\_\_\_\_ Actual achievement date \_\_\_\_\_

Treatment/intervention \_\_\_\_\_

Problem/focus of intervention (3) \_\_\_\_\_

Date Identified \_\_\_\_\_ Short-term goal \_\_\_\_\_

Anticipated achievement date \_\_\_\_\_ Actual achievement date \_\_\_\_\_

Treatment/intervention \_\_\_\_\_

PROVIDER NAME

SIGNATURE

TITLE

DATE

DATE INTERVIEWED: 7/3/02

Tringie

SCREENER'S INITIALS: KM

### TDCJ DIAGNOSTIC AND EVALUATION PROCESS DIAGNOSTIC SCREENING INTERVIEW

NAME: McCollum, LARRY GENE TDCJ #: 1105538  
 DOB: 4/4/53 AGE: 49 SEX: ☒ MALE ( ) FEMALE  
 PLACE OF BIRTH: Enid, OK RACE: ☒ CAUCASIAN  
 OLD TDC #: \_\_\_\_\_ ( ) AFRICAN-AMER.  
 PRIOR TDC INCARCERATIONS: YES ☒ NO ( ) HISPANIC  
 PRIOR ASSIGNMENT TO CTC: YES NO ( ) OTHER: \_\_\_\_\_  
 PRIOR ASSIGNMENT TO MROP: YES NO  
 ON PSYCH. SERVICES CASELOAD: YES NO

CURRENT OFFENSE: THEFT > 1500, 20 MTHS

## SPECIAL CONSIDERATIONS FOR INTERVIEWS:

- ☒ NONE  
 ( ) SPANISH-SPEAKING ONLY  
 ( ) HEARING/VISUAL IMPAIRED  
 ( ) WHEELCHAIR/OTHER SIGNIFICANT MOBILITY PROBLEM  
 ( ) SECURITY RISK: \_\_\_\_\_  
 ( ) OTHER: \_\_\_\_\_

FURTHER DIAGNOSTIC II EVALUATION RECOMMENDED

( ) YES

( ) NO

## REASON FOR REFERRAL:

- ( ) DISPLAYED SYMPTOMS OF PSYCHIATRIC ILLNESS  
 ( ) HISTORY OF MENTAL HEALTH TREATMENT  
 ( ) CURRENT SUICIDAL IDEATION  
 ( ) PRIOR SUICIDAL GESTURE(S)  
 ( ) DISPLAYED UNUSUAL BEHAVIOR  
 ( ) AFFECTIVE DISTRESS NOTED  
 ( ) UNUSUAL NATURE OF OFFENSE  
 ( ) HIGH RISK FOR ADJUSTMENT PROBLEMS  
 ( ) OTHER: \_\_\_\_\_

OTHER GENERAL COMMENTS

YES NO

1. HOW ARE YOU FEELING?

doing

2. HAVE YOU EVER HAD ANY KIND OF MENTAL, EMOTIONAL, OR NERVE PROBLEMS?

DID YOU GET ANY TYPE OF COUNSELING?

yes

FROM WHOM? (IF APPLICABLE)

McLennan Co.

WHAT WAS IT FOR?

depression

WHEN WAS IT?

2001

WHERE WAS IT?

Waco, TX

3. HAVE YOU EVER TAKEN MEDICINE(S) PRESCRIBED FOR YOUR:

( ) NERVES, ( ) MENTAL PROBLEMS, OR ( ) EMOTIONAL PROBLEMS?

SPECIFY THE MEDICATION:

Zoloft

WHEN DID YOU TAKE THIS MEDICATION?

BY WHOM WAS IT PRESCRIBED?

PSYCHIATRIST

( ) PHYSICIAN

( ) OTHER:

CURRENT PSYCHOTROPIC MEDICATION:

4. HAVE YOU EVER BEEN A PATIENT IN A MENTAL HOSPITAL?

WHY?

WHEN?

WHERE?

## COURT COMMITMENT/VOLUNTARY

5. HAS ANY MEMBER OF YOUR FAMILY EVER HAD MENTAL OR EMOTIONAL PROBLEMS?

WHAT TYPE?

6. HAVE YOU EVER HAD A HEAD INJURY OR SEIZURE?

SPECIFY:

7. HAVE YOU EVER TRIED TO HURT YOURSELF OR COMMIT SUICIDE?

HOW MANY TIMES?

HOW?

( ) CUT ARM/WRIST

( ) HANGING

( ) OD'ed ON

( ) OTHER:

WHEN?

WHY?

WAS MEDICAL ATTENTION REQUIRED?

( ) YES

( ) NO

8. HAVE YOU EVER HURT YOURSELF ON PURPOSE WHEN YOU WERE NOT TRYING TO COMMIT SUICIDE?

HOW?

9. ARE YOU THINKING ABOUT HURTING OR KILLING YOURSELF NOW?

10. DO YOU HEAR THINGS THAT OTHER PEOPLE DO NOT HEAR?

SPECIFY:

YES NO

( ) (X) 11. DO YOU SEE THINGS THAT OTHER PEOPLE DO NOT SEE?

SPECIFY: \_\_\_\_\_

( ) (X) 12. DO YOU BELIEVE THAT YOU HAVE ANY SPECIAL GIFTS OR SUPER POWERS THAT OTHERS DO NOT HAVE?

WHAT KIND? \_\_\_\_\_

13. WHAT KIND OF DRUGS DID YOU EXPERIMENT WITH OR USE ON A REGULAR BASIS?

( ) NONE ( ) BARBITURATES (X) METHAMPHETAMINE (SPEED)

( ) HEROIN ( ) ACID ( ) INHALANTS \_\_\_\_\_

(X) COCAINE ( ) HASH (X) ALCOHOL \_\_\_\_\_

( ) MARIJUANA ( ) PCP ( ) OTHER \_\_\_\_\_

14. WHAT WAS THE LAST GRADE YOU COMPLETED IN SCHOOL? GRADE 12WHERE? USA MEXICO OTHER: \_\_\_\_\_

DO YOU HAVE A (X) HIGH SCHOOL DIPLOMA ( ) GED

(X) ( ) 15. WHILE IN SCHOOL, WERE YOU EVER IN SPECIAL CLASSES?

WHY? advancedWHAT GRADE(S)? 9-11

( ) (X) 16. WERE YOU EVER PLACED IN A JUVENILE DETENTION CENTER, BOYS' HOME, OR OTHER GROUP HOME?

WHY? \_\_\_\_\_

( ) (X) 17. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE COMMONLY CONSIDERED TO BE IN THE CATEGORY OF SEXUAL OFFENSES?

IF YES, SPECIFY: \_\_\_\_\_

( ) (X) 18. HAVE YOU EVER, WITH LITTLE OR NO PROVOCATION, EXPERIENCED LOSS OF CONTROL OF YOURSELF THAT RESULTED IN SERIOUS ASSAULT TO SOMEONE OR DESTRUCTION OF PROPERTY?

(X) ( ) 19. HAVE YOU EVER BEEN A VICTIM OF CRIMINAL VIOLENCE? IF YES, SPECIFY:

robbed



# BEHAVIORAL OBSERVATIONS

APPEARANCE: ☒ UNREMARKABLE

☐ DISHEVELED

☐ ODD

HYGIENE: ☒ GOOD

☐ FAIR

☐ POOR

INTERACTION: ☒ COOPERATIVE

☐ LIMITED

☐ UNCOOPERATIVE

MOTOR BEHAVIOR: ☒ WITHIN NORMAL LIMITS

☐ RESTLESS

☐ DID NOT MOVE

☐ \_\_\_\_\_

SPEECH: ☒ CLEAR

☐ MUMBLES

☐ SPEECH IMPEDIMENT

RATE: ☒ SPONTANEOUS

☐ FAST

☐ \_\_\_\_\_

MOOD: ☒ WITHIN NORMAL LIMITS

☐ SAD

☐ IRRITABLE

☐ UNUSUALLY HAPPY

☐ ANXIOUS

☐ FRIGHTENED

☐ SILLY

☐ \_\_\_\_\_

ALERTNESS: ☒ ALERT

☐ CONFUSED

☐ DAZED

☐ DISTRACTED

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## CLINICAL INPATIENT RECORD DATA SHEET

Unit of Inpt. Stay Name (Last, First, M.I.) TDCJ Number Age/Sex Date of Admission Date of Discharge Length of Stay Admitting Clinician Discharge Clinician Discharge Status	McCollum LARRY 1105538 12-10-03 01-07-04 ELLI3	
PRIMARY DIAGNOSIS:		CODE
SECONDARY DIAGNOSIS:		
PRIMARY PROCEDURES:		
SECONDARY PROCEDURES:		
CAUSE OF DEATH:		
Coder/Abst. Signature		Date

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES**

**PSYCHIATRIC INPATIENT FACILITY  
DISCHARGE/RELEASE SUMMARY**

- I. Identifying Data
- II. Date & Reason for Admission
- III. Clinical Course
- IV. Residual Problems
- V. Final Diagnosis
- VI. Recommendations
- VII. Dated signature of Discharging Psychiatrist and Psychologist

OFFENDER NAME: MC COLLUM, LARRY GENE      TDCJ #: 1105538      UNIT: SKYVIEW  
DISCHARGE DATE: 01/06/04      PULHES: S=3NT

**IDENTIFYING DATA:**

DOB: 04/04/53  
Age/Race/Sex: Fifty-year-old Caucasian Male  
Skyview Admission Date: 12/01/03  
Current Date: 01/06/04  
Examiner: Charles Junkin, MA, LPC, RP

**DATE & REASON FOR REFERRAL:**

Offender Mc Collum was referred to Skyview from the Cole Unit on December 1, 2003 secondary to "Patient was waiting on ride to go to Daddy's funeral, decreased hygiene, and disorientation." He was referred from crisis management into Diagnostic & Evaluation (D&E) with an Axis I Diagnosis of R/O Dementia of the Alzheimer's Type, Uncomplicated and on the following psychoactive medications: Fluoxetine 20mg PO QHS, Cogentin 2mg PO QHS, and Benadryl 25mg PO QHS. At the time of admission, his chief complaint was "I was getting confused about a few things, like, I didn't know what date it was."

**CLINICAL COURSE:**

Offender Mc Collum was admitted to the Mood Disorder Treatment Track on December 10, 2003 with an Axis I Diagnosis of Depressive Disorder, NOS (311) and R/O Mental Disorder, NOS, Due to Possible Cardiovascular Problems. Upon admission to the treatment track, he was taking Prozac 20mg PO QAM and Trazodone 100mg QPM. During the course of his treatment at Skyview, Offender Mc Collum attended individual and group psychotherapy and was followed closely by the treatment team. He presented with significant depressive symptoms, including suicidal ideation, anhedonia, poor concentration, and a sense of hopelessness. For the first couple of weeks in group psychotherapy, the offender was very quiet, but attentive. He had a restricted affect and a depressed mood. When he was seen by the treatment team on December 18, 2003, he was diagnosed with Major Depressive Disorder with Psychotic Features (Psychotic Features in Remission). Because he is scheduled to be released from TDCJ-ID in the near future, he was seen again by the treatment team on December 19, 2003 to determine if he is appropriate for court commitment to a state hospital upon release from TDCJ-ID. The treatment team reviewed his situation, which consists of his father dying in April 2003, his mother is in a nursing home with Alzheimer's Related Illness, he has been confused and depressed. He is a chronic alcoholic. He has few resources in the community, and he has a large debt waiting for him when he gets out of prison. He has a family in the

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES**

**PSYCHIATRIC INPATIENT FACILITY  
DISCHARGE/RELEASE SUMMARY**

- I. Identifying Data
- II. Date & Reason for Admission
- III. Clinical Course
- IV. Residual Problems
- V. Final Diagnosis
- VI. Recommendations
- VII. Dated signature of Discharging Psychiatrist and Psychologist

OFFENDER NAME: MC COLLUM, LARRY GENE      TDCJ #: 1105538      UNIT: SKYVIEW  
DISCHARGE DATE: 01/06/04      PULHES: S=3NT

Waco area, but he has had little contact with them during his incarceration. He had not spoken with his brother or sister-in-law for more than six months. He has a significant history of prostate cancer in the family. The results of that treatment team meeting were to recommend Offender Mc Collum to be committed to the state hospital when released from TDCJ-ID. He was seen by a second psychiatrist on December 30, 2003. The second psychiatrist found no compelling reason to commit the offender to a state hospital at this time. He met with yet another psychiatrist on January 2, 2004. At that time, he was also found inappropriate for commitment to a state hospital. Meanwhile, the offender continued to participate in group therapy and seemed to respond somewhat to the Prozac. He was withdrawn and quiet but appropriate in group settings. Prozac was increased from 20mg to 40mg QAM on January 2, 2004. His mood has been described as "more cheerful" and he "appeared less internally preoccupied." On January 6, 2004, he was found appropriate for discharge to his unit of assignment with 40mg of Prozac QD.

**MENTAL STATUS:**

Offender Mc Collum is a 50-year-old, Caucasian male whose overall presentation is significantly older than his stated age. He presents with psychomotor retardation. His responses to some of the questions are vague. He relates well with the interviewer. At times he looks away. His affect is blunted. His mood is depressed. There is no evidence of auditory hallucinations at this time. He denies any suicidal thoughts or wanting to hurt others. He did admit that he felt that life was not worth living in the past. He was alert and oriented to time, place, and person. He was unable to do Serial 7's. He was able to do three digits forward and in reverse order. He as able to do four digits forward but not in reverse order. He could recall approximately 2/3 objects for recent recall.

**RESIDUAL PROBLEMS:**

Offender Mc Collum was referred for inpatient psychiatric treatment because he was confused and disoriented. While he was at Skyview, he was found to suffer from major depressive symptoms. He will be released soon from the prison system and will face many obstacles including unemployment, inadequate housing, mental illness issues, transportation difficulties, the loss of his father, and access to alcohol and other mind altering drugs. These factors in combination with his history of depression may place him at increased risk for potentially self-injurious acts. The offender's therapist had telephone contact with his brother and sister-in-law on December 31, 2003; although his family has agreed to take him into their home, they are reluctant to do so and are looking for community services that might better be able to care for his mental health needs.

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES**

**PSYCHIATRIC INPATIENT FACILITY  
DISCHARGE/RELEASE SUMMARY**

- I. Identifying Data
- II. Date & Reason for Admission
- III. Clinical Course
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- VI. Recommendations
- VII. Dated signature of Discharging Psychiatrist and Psychologist

OFFENDER NAME: MC COLLUM, LARRY GENE

TDCJ #: 1105538

UNIT: SKYVIEW

DISCHARGE DATE: 01/06/04

PULHES: S=3NT

**DISCHARGE DIAGNOSIS:**

Axis I:	296.34	Major Depressive Disorder, Recurrent, Severe with Psychotic Features (Psychotic Features in Remission at this time)
	303.9	Alcohol Dependence in a Controlled Environment
Axis II:	V71.09	No Diagnosis on Axis II
Axis III:		Degenerative Disease of the Knees; H/O Lower Back Pain
Axis IV:		Psychosocial and Environmental Stressors: Incarceration
Axis V:		Current GAF = 60

**RECOMMENDATIONS:**

It is recommended by the treatment team and the attending physician that Offender Mc Collum be discharged from the Mood Disorder Treatment Track and returned to his unit of assignment for continued follow-up for his depressive symptoms until his release from the prison system. He should be offered counseling on an as-needed basis. Furthermore, he should continue his current medication regimen, which at this time consists of Prozac 40mg PO QAM.

**DATED SIGNATURES:**

*Charles Junkin* MA, LPC, RP 01-06-2004  
Charles Junkin, MA, LPC, RP Date

*Vasantha C. Orocovsky* M.D. 1/6/04  
Vasantha Orocovsky, M.D. Date

CJ/VO:rc

Received for transcription on 01/06/04 and typed on 01/06/04 at 1315

Medication Pass

01/02/09

POS NO 0185733  
UNIT: CV

NAME: MCCULLUM LARRY GENE  
HOUSTON LOCATION: SA1

CELL: 111

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
PLIVIX 100 250MG CAPSULE	PRODUPSEY, VASAN	01/02/09	02/01/10	0	02-00/00
GIVE 2 TABS BID PO QAM X 30 DAYS					



McCollum, Larry  
1105538

## PHYSICIAN'S ORDER SHEET

The University of Texas Medical Branch  
Correctional Managed Care

## AUTOMATIC STOP-ORDER POLICIES

ALL MEDICATIONS WITHOUT A DEFINITE  
STOP DATE WILL BE DISCONTINUED  
AFTER 72 HOURS.

★ USE BALL POINT PEN—PRESS FIRMLY ★

AUTHORIZATION IS GIVEN FOR DISPENSING BY NON-PROPRIETARY NAME UNDER UTMB FORMULARY SYSTEM UNLESS OTHERWISE SPECIFIED.		WEIGHT	AGE	NOTE: ALL ORDERS MUST BE SIGNED BY PHYSICIANS. NURSES MUST ACKNOWLEDGE ORDERS WITH SIGNATURE, DATE AND HOUR!	
ALLERGIES: NKDA					
DATE/HOUR				SIGNATURE	DATE/HR
11/2/04	Mc. Prozac				
1310	Prozac 40 mgm P.O. Qam x 30 days				
11/2/04	M. Larkins				
11/6/04	Discharge pt to Unit County				
0935	<del>Discharge pt to Unit of assignment. Pt on Prozac 40 mgm</del>				
11/6/04	Discharge pt to Unit of assignment				
0935	<del>Discharge pt to Unit of assignment</del>				
<p>Noted 11-6-04 0945A D. Huggins</p>					

McCollum, Larry  
1105538

PHYSICIAN'S ORDER SHEET  
The University of Texas Medical Branch  
Correctional Managed Care

AUTOMATIC STOP-ORDER POLICIES

ALL MEDICATIONS WITHOUT A DEFINITE  
STOP DATE WILL BE DISCONTINUED  
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AUTHORIZATION IS GIVEN FOR DISPENSING BY NON-PROPRIETARY NAME UNDER UTMB FORMULARY SYSTEM UNLESS OTHERWISE SPECIFIED.		WEIGHT	AGE	NOTE: ALL ORDERS MUST BE SIGNED BY PHYSICIANS. NURSES MUST ACKNOWLEDGE ORDERS WITH SIGNATURE, DATE AND HOUR!	
				ALLERGIES:	NKA
DATE/HOUR				SIGNATURE	DATE/HR
12-18-03	(1) Continue fluoxetine as already ordered.				
0830	(2) Collect specimens for lab on 12-19-03 for: CBL with differential, Chem 10, Liver Panel, TSH, and UA.				
	(3) Axis I Dx: (1) Major Depressive Disorder with psychotic features in remission.				
	Axis (2) Alcohol Dependence				
	Dr. V. Orocofsky / R. Thompson, LVM				
	V. Orocofsky MD 12/18/03 0825				
	0845 12/18/03 g. Gochett, LVM Note 1				
12/19/03	Refer to JBC Consult filled				
0835	V. Orocofsky MD				
note	12/19/03 0840 V. Orocofsky MD				

PHYSICIAN'S ORDER SHEET  
The University of Texas Medical Branch  
Correctional Managed Care

## AUTOMATIC STOP-ORDER POLICIES

ALL MEDICATIONS WITHOUT A DEFINITE  
STOP DATE WILL BE DISCONTINUED  
AFTER 72 HOURS.

★ USE BALL POINT PEN—PRESS FIRMLY ★

AUTHORIZATION IS GIVEN FOR DISPENSING BY NON-PROPRIETARY NAME UNDER UTMB FORMULARY SYSTEM UNLESS OTHERWISE SPECIFIED.		WEIGHT	AGE	NOTE: ALL ORDERS MUST BE SIGNED BY PHYSICIANS. NURSES MUST ACKNOWLEDGE ORDERS WITH SIGNATURE, DATE AND HOUR.	
		ALLERGIES:			
DATE/HOUR	ADMISSION CHARGES:			SIGNATURE	DATE/HR
12-10-03 1430	1. Admit to: <u>Mood R/O</u> Treatment Track <u>(A-Pad)</u> AXIS I: <u>Depressive R/O NOS 311</u> <u>R/O Mental R/O, NOS due to possible cardio-vascular problems</u>				
	2. Change PULHES to: <u>S 4 P T</u> Work Restriction: <u>19, 20, 21</u> Disciplinary Restriction B: Individual Treatment Plan C:				
	3. CBC, CHEM 10, Liver, Renal & Thyroid function tests. TSH, RPR & UA. <u>- already ordered</u>				
	4. EKG if over 40 years of age or in Cardiac Clinic <u>done</u>				
	5. Serum blood level of: Dilantin, Tegretol, Lithium, Depakote, Digoxin, Theophylline, if on these medications. <u>N/A</u>				
	6. Continue medical medications as per computer until seen at DSC.				
	7. Psychiatric medications: <u>- Fluoxetine 20mg po q am x 30 days</u> <u>- Trazodone 100mg po q pm x 14 days; then D/C</u> <u>(ordered 12-3-03)</u>				
POC	② please check lab results; diagnostic orders when results return				
	③ may have all materials <u>Belle Barry (Nurse)</u>				
	<u>12/10/03 1500 Bruck</u>				
12/18/03 0715	CBC, TSH, CHEM10 LIVER PROFILE. ERROR MED 12/18/03 0715				

## INDIVIDUAL TREATMENT PLAN (ITP)

Patient Name McCollum, LarryTDCJ# 1105538Facility Skyview

## Provider Type:

## Program:

- ☒ Psychiatrist/MLP  
☒ Psychotherapist/Psychologist  
☐ Mental Health Liaison/Social Worker  
☐ Occupational Therapist  
☐ Music Therapist  
☐ Recreational Therapist  
☐ Nurse

- ☐ Outpatient  
☒ Inpatient  
☐ ASICP  
☐ Step-down

ITP Review Date: \_\_\_\_\_

Provider Initials: \_\_\_\_\_

ITP Closed Date: \_\_\_\_\_

(see Clinic Notes for details)

Date ITP Drafted 12-16-03

## Initial DSM IV Diagnosis:

Axis I 311

Axis II \_\_\_\_\_

Axis III DeferredAxis IV Incarceration

Axis V \_\_\_\_\_

## Revised Diagnosis:

Revision date \_\_\_\_\_

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

Patient strengths VerbalProblem/focus of intervention (1) Anger ManagementDate Identified 12-16-03 Short-term goal Increase awareness of anger expression patternsTreatment/intervention Group Psychotherapy & Individual Sessions as needed.Anticipated achievement date 1-05-03 Actual achievement date \_\_\_\_\_

Problem/focus of intervention (2) \_\_\_\_\_

Date Identified \_\_\_\_\_ Short-term goal \_\_\_\_\_

Treatment/intervention \_\_\_\_\_

Anticipated achievement date \_\_\_\_\_ Actual achievement date \_\_\_\_\_

Problem/focus of intervention (3) \_\_\_\_\_

Date Identified \_\_\_\_\_ Short-term goal \_\_\_\_\_

Treatment/intervention \_\_\_\_\_

Anticipated achievement date \_\_\_\_\_ Actual achievement date \_\_\_\_\_

Long-term goal(s) \_\_\_\_\_

Kathy Jennings  
 PROVIDER NAME

Kathy Jennings  
 SIGNATURE

Staff  
Psychotherapist  
 TITLE

12-16-03  
 DATE

MENTAL HEALTH SERVICES  
INDIVIDUAL TREATMENT PLAN (ITP)

103

Patient Name McCallum, LARRY GENETDCJ# 1105538Facility Skyview

## Provider Type:

## Program:

- ☐ Psychiatrist/MLP  
☒ Psychotherapist/Psychologist  
☐ Mental Health Liaison/Social Worker  
☐ Occupational Therapist  
☐ Music Therapist  
☐ Recreational Therapist  
☐ Nurse

- ☐ Outpatient  
☒ Inpatient  
☐ ASICP  
☐ Step-down

ITP Review Date: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

ITP Closed Date: \_\_\_\_\_

(see Clinic Notes for details)

Date ITP Drafted 12.15.2003

## Initial DSM IV Diagnosis:

Axis I 296.3 - Major Depressive Disorder

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV IncarcerationAxis V Current GAF = 45

## Revised Diagnosis:

Revision date \_\_\_\_\_

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

Patient strengths Desires treatmentProblem/focus of intervention (1) Offender lacks social skills and coping skillsDate Identified 12.15.03 Short-term goal Participate in group therapy + comply with medicationTreatment/intervention Social Skill Training Group 5X/weekAnticipated achievement date 01.10.04 Actual achievement date \_\_\_\_\_

## Problem/focus of intervention (2) \_\_\_\_\_

Date Identified \_\_\_\_\_ Short-term goal \_\_\_\_\_

Treatment/intervention \_\_\_\_\_

Anticipated achievement date \_\_\_\_\_ Actual achievement date \_\_\_\_\_

## Problem/focus of intervention (3) \_\_\_\_\_

Date Identified \_\_\_\_\_ Short-term goal \_\_\_\_\_

Treatment/intervention \_\_\_\_\_

Anticipated achievement date \_\_\_\_\_ Actual achievement date \_\_\_\_\_

Long-term goal(s) Develop the essential coping skills that will enhance quality of life

CHARLES JUNKIN MA LCSW  
 PROVIDER NAME

Charles Junkin MA LCSW  
 SIGNATURE

STAFF  
PSYCHOTHERAPIST  
 TITLE

12.15.2003  
 DATE

UNIVERSITY OF TEXAS MEDICAL BRANCH CORRECTIONAL MANAGED CARE  
MENTAL HEALTH SERVICES

## INDIVIDUAL TREATMENT PLAN (ITP)

Patient Name McCollum, LarryTDCJ# 1105538Facility SV

## Provider Type:

## Program:

- ☐ Psychiatrist/MLP  
☐ Psychotherapist/Psychologist  
☒ Mental Health Liaison/Social Worker  
☐ Occupational Therapist  
☐ Music Therapist  
☐ Recreational Therapist  
☐ Nurse

- ☐ Outpatient  
☒ Inpatient  
☐ ASICP  
☐ Step-down

ITP Review Date: \_\_\_\_\_ Provider Initials: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ITP Closed Date: \_\_\_\_\_

(see Clinic Notes for details)

Date ITP Drafted 12-15-03

## Initial DSM IV Diagnosis:

## Revised Diagnosis:

Axis I 311Revision date 12-19-03

Axis II \_\_\_\_\_

Axis I 296.3 - MDDAxis III Deferred

Axis II \_\_\_\_\_

Axis IV Incarceration

Axis III \_\_\_\_\_

Axis V \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

Patient strengths Ability to communicate adequately with staff.Problem/focus of intervention (1) Deficient adaptive functioning/coping skills.Identified 12-15-03 Short-term goal Improve adaptive behavior/coping ability.Treatment/intervention Group or Individual TherapyAnticipated achievement date 01-05-04 Actual achievement date \_\_\_\_\_

Problem/focus of intervention (2) \_\_\_\_\_

Date Identified \_\_\_\_\_ Short-term goal \_\_\_\_\_

Treatment/intervention \_\_\_\_\_

Anticipated achievement date \_\_\_\_\_ Actual achievement date \_\_\_\_\_

Problem/focus of intervention (3) \_\_\_\_\_

Date Identified \_\_\_\_\_ Short-term goal \_\_\_\_\_

Treatment/intervention \_\_\_\_\_

Anticipated achievement date \_\_\_\_\_ Actual achievement date \_\_\_\_\_

Long-term goal(s) \_\_\_\_\_

J. Tedder  
 PROVIDER NAME

J. Tedder  
 SIGNATURE

MHL  
 TITLE

12-15-03  
 DATE



## INDIVIDUAL TREATMENT PLAN (ITP)

Patient Name McCollum, LarryTDCJ# 1105538Facility Shyrview

- Provider Type:
- ☐ Psychiatrist/MLP
- ☐ Psychotherapist/Psychologist
- ☒ Mental Health Liaison/ Social Worker
- ☐ Occupational Therapist
- ☐ Music Therapist
- ☐ Recreational Therapist
- ☐ Nurse

- Program:
- ☐ Outpatient
- ☒ Inpatient Mood
- ☐ ASICP
- ☐ Step-down

ITP Review Date:	Provider Initials:
_____	_____
_____	_____
_____	_____

ITP Closed Date:

(see Clinic Notes for details)

Date ITP Drafted 12-15-03

## Initial DSM IV Diagnosis:

Axis I 296.3

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

## Revised Diagnosis:

Revision date \_\_\_\_\_

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

Patient strengths ambulatory, compliantProblem/focus of intervention (1) Lacks the ability to cope w stressIdentified 12-15-03 Short-term goal ↑ coping skillsTreatment/intervention Stress Management GroupAnticipated achievement date 1-5-04 Actual achievement date \_\_\_\_\_Problem/focus of intervention (2) Lacks knowledge of REBTDate identified 12-19-03 Short-term goal ↑ knowledge + application of REBTTreatment/intervention REBT GroupAnticipated achievement date 1-5-04 Actual achievement date \_\_\_\_\_

Problem/focus of intervention (3) \_\_\_\_\_

Date identified \_\_\_\_\_ Short-term goal \_\_\_\_\_

Treatment/intervention \_\_\_\_\_

Anticipated achievement date \_\_\_\_\_ Actual achievement date \_\_\_\_\_

Long-term goal(s) Become mentally stable + appropriate for discharge

Miki Sledge

PROVIDER NAME

Miki Sledge

SIGNATURE

MHL

TITLE

12/15/03

DATE

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCOLLUM, LARRY GENE TDCJ#: 1105538
1/5/04 0920	Progress Check: (S) Pt. seen cellside for progress check. (C) Pt. was more cheerful this morning and appeared less internally preoccupied. States that he's feeling some apprehension about getting out of prison, but is ready to deal with it. Says he can't tell any difference ext with the med increase. (A) 296.34 Major depression with psychotic features (in remission) (P) Continue treatment. ——— L. Smith, M.D., L.P.A., S.P.
1/5/04 1520	Psych: (S) Attended REBT + Stress Mgmt. groups. (C) Quiet but alert. Minimally oriented. (A) MDD (C) Cont. tx plan. ——— Mike Sledge, B.A., M.H.C.
1-6-04 0945	W 29: Dr. Cronzsky here on Pod + N.O. crew rec'd to discharge Pt. to U.O.A. Dr. Orders Noted. ——— L. Peggars, L.P.A.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

103

## INTEGRATED PROGRESS NOTES

<b>DATE/TIME</b> 01/02/04 1345	<b>NAME</b> MCCOLLUM, LARRY <b>TDCJ#:</b> 1105538 <b>UNIT:</b> SKYVIEW
	<p><b>S:</b> Patient was seen in consultation with Dr. Raasoch, Clinical Director, for commitment purposes. Patient stated that he will continue with medication and seek help at the nearest MHMR. His family have stated that he could stay with them for a certain period of time, as per staff. They will pick him up from the state jail. It is the recommendation that his Prozac be increased and that he be followed-up again next week. Today he denies any auditory hallucinations. He sometimes feels he is better off dead but he does not have any active plans to do away with himself.</p> <p><b>O:</b> Patient came to the interview. He was disheveled and appeared to be feces on his suit. He voiced that he would rather go home than live at the state hospital. He is not suicidal/homicidal at this time. HE denies any auditory hallucinations. Affect is blunted. Mood is depressed.</p> <p><b>A:</b> Axis I: Major Depressive Disorder with Psychotic Features (Psychotic Features in Remission)</p> <p><b>P:</b> Increase Prozac to 40mg QD.</p>
	<p><i>V. Orochfsky</i> 1/2/04 1540          Vasantha Orochfsky, M.D. Date</p> <p>VO:rc</p> <p>D: 01/02/04          T: 01/02/04</p>

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCollum, Larry TDCJ#: 1105538
1-2-04 1250	<p> Treatment team meeting: (S) Offender seen by the treatment team. Offender had initially refused to come to the meeting because he had "an accident." Very poorly groomed with feces on jumpsuit. (S) Unshaven, poorly groomed. States he's been depressed, but continues to say that he is not currently suicidal. Denies hearing voices. Possibly some confusion present. Became more talkative as interview progressed, stating that he wanted to continue his treatment and take his medication. Talked about staying with his brother continuing his treatment at MHR in Waco. (A) 296.34, Major depression with psychotic features; psychotic symptoms in remission. (P) Continue treatment plan; increased Prozac to 40 mg. daily. </p> <p> S. Smith, M.A., LPA, SP </p>



TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCollum, Larry TDCJ#: 1105538
12/30/03 1501 ✓	Psych: ⑤ Attended Stress Mgmt. + REBT groups. ⑥ Quiet but attentive. (A) MDD & psychotic features in remission. (P) Cont. tx plan. — Miki Sledge, BA, MHI
12-30-03 1515 ✓	⑤ Pt./Offender attended Adaptive Functioning group. ⑥ Complaints reported. ⑦ Alert & oriented. Participated well during group discussion w/ short responses. (P) 296.34 — in remission. (P) Cont. Tx. Track. — J. J. J. MHI
12-31-2003 1150 ✓	Psych: ⑤ Received telephone call from offender's brother and sister-in-law. She said the offender is welcome to stay with them, but thinks a half-way house might be better for him because of his depression, history of alcoholism, and lack of employment opportunities. She was referred to TCOMI for after care planning. — Charles Junkin, MACE
1-2-04 0932	Psych: ⑤ Pt. invited to attend group therapy, but refused. ⑥ Withdrawn (A) 296.34 (P) Continue attempts to involve in treatment. L. Smith, M.A., LPA, SP



TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCollum, Larry
	TDCJ#: 110553 3
12/29/03 1015 C	Psych: (S) Mr. McCollum attended social skills/symptom recognition group. (C) Very quiet, but responded appropriately. Talked about his plan after his <sup>early</sup> discharge. Affect blunted and conversation is vague. (A) 296.3 (D) Continue treatment. ——— J. Smith, M.D., LPA, SP
12-29-03 1303 C	(S) Pt./Offender attended Adaptive Functioning group. (C) Complaints reported. (C) Alert & cooperative. He responded appropriately. (A) 296.3 (D) Cont. Tx. Track. ——— J. Hedder MHC
12/30/03 842 C	Psychiatry S: Pt stated his mood is 4/10, up from 1-2/10 at admission. No hx of hallucinations - this depressive episode. No suicidal thoughts. O: Some forward looking plans. Has few skills + high risk for alcoholism A: relapse, but no committable sx at this time. P: Mr. Peters a contact family & aid transition.
	——— Tony Caldwell MHC

A 3  
10TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## INTEGRATED PROGRESS NOTES

DATE/TIME Examined 12-23-03/0935	NAME: McCollum, Larry Gene TDCJ#: 1105538
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- S: Patient was seen in follow-up today. He looked better groomed than on previous occasions. At times he appeared alert, but on further questioning he still appears vague in his answers. He had reported some anxiety, which he describes as counting the tiles in the ceiling of his cell and "thoughts". He could not describe what the thoughts were. He answered, "Hopefully they are good ones". He stated that in the morning he has to push himself to do anything. He has not had any sustained employment in the last 10 to 15 years. He denies any suicidal thoughts. He denies hearing voices.
- O: Patient is a 50-year-old white male who looks older than his stated age. At times he smiles. At other times his affect is blunted. His mood has underlying depression. He is not psychotic. He is not suicidal or homicidal at this time. He was alert and oriented times two.
- A: Axis I: Major Depressive Disorder with Psychotic Features (psychotic features in remission at this time).  
Alcohol Dependence  
Axis II: No diagnosis.  
Axis III: Degenerative disease of the knees; history of low back pain.  
Axis IV: Severe  
Axis V: GAF = 45
- P: Continue current medications.

*Vasantha C. Orocofsky M.D.*  
Dictated By: Vasantha Orocofsky, M.D.  
Transcribed: 12-23-03/1410/nj

12-23-03 1430

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCollum, LARRY GENE TDCJ#: 1105538
12.23.2003 0915	<p>TREATMENT TEAM MEETING: ⑤ Offender was seen by the treatment team. He said his energy level is still low and he has trouble "getting going" in the mornings. He said he feels anxious.</p> <p>⑥ When questioned about the future, he gave only vague responses. Denied current suicidal or homicidal ideation. No auditory or visual hallucinations. Dysphoric mood with dulled affect. ④ 296.34- Major Depressive Disorder with Psychotic Features, Psychotic Features in Remission.</p> <p>② Continue Mood Disorder Treatment Track.</p> <p>Charles Junkin M.D. cc sp</p>

## INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCOZZUM, LARRY GENE
	TDCJ#: 1105538
12.19.2003	(cont.) this time. (P) Begin proceedings for
0800	civil commitment. — Charles Junkin MA LPC SP
12/19/03	Wk - new orders read and noted. Liberal
0840	form completed by Dr. Crowe and
	turned to DSC. — DSC 1001/18
12-19-03	(S) Pt./offender attended group therapy &
1415	viewed video: Mental Health/Self-
	Esteem. (C) Alert & attentive. Participated
	appropriately. (A) 296.34 (P) Cont. Tx. Track.
	Fielder MHC
12/19/03	Psych: (S) Attended REBT & Stress Mgmt.
1447	groups. (C) Quiet but attentive. (A) No
	change. (P) Cont. tx plan. Miki Sledge, BA, MHC
12/22/03	Psych: (S) Attended REBT & Stress Mgmt.
1346	groups. (C) Quiet but attentive. (A) No dis-
	stress noted. (P) Cont. tx plan. —
	— Miki Sledge, BA, MHC

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: Mc COLLUM, LARRY GENE TDCJ#: 1105538
12-19-2003 0800	<del>CASE</del> <u>CIVIL COMMITMENT HEARING</u> : ⑤ Offender was seen in the dayroom for a civil commitment hearing. He said he needs more help when he is released from TDCJ. He said he is still depressed. He is a long-time alcoholic with significant outstanding debts. He has no job lined up for when he is released. He plans to live with his brother in Waco, but has not heard from his brother in about six months. He previously worked for an employment agency, Jack of All Trades, and he plans to contact them for possible employment. His brother died of prostate cancer at age 51 about five years ago. He has another brother who is now 51 y.o. who has prostate cancer. His father died of prostate cancer in April of this year. ② Depressed mood with restricted affect. Fully oriented to all spheres. Impaired immediate recall. Poor concentration. Attention is fair. Eye contact intermediate. Passive suicidal ideations. No current auditory or visual hallucinations. ① 296.34 - Major Depressive Disorder, Recurrent, Severe with Psychotic Features, Psychotic Features in Remission at (cont.)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## INTEGRATED PROGRESS NOTES

DATE/TIME 12/19/03 0835	NAME MCCOLLUM, LARRY TDCJ#: 1105538 UNIT: SKYVIEW
	<p>was alert and oriented to time, place, and person. He was unable to do Serial 7's. He was able to do three digits forwards and in reverse order. He was able to do four digits forward but not in reverse order. He could recall approximately 2/3 objects for recent recall. He denies wanting to hurt others.</p> <p>A: Axis I: Major Depressive Disorder with Psychotic Features (Psychotic Features in Remission at this time).</p> <p>Alcohol Dependence</p> <p>Axis II: Deferred</p> <p>Axis III: Low Back Pain</p> <p>Axis IV: Severe due to Incarceration and Death of Family Member (Father, and Brothers with history of Prostate Cancer).</p> <p>Axis V: Current GAF = 55</p>
	<p>P: Recommend patient be committed to the state hospital when released from TDCJ-ID. This is being done in the best interest of the patient. He will require further evaluation and treatment for his depression.</p> <p><b>ADDENDUM: Patient's mother has Alzheimer's illness and is in a nursing home as per his report.</b></p> <p><i>Vasantha C. Orocofsky</i> 12/19/03.  Vasantha Orocofsky, M.D. Date</p> <p>VO:rc</p> <p>D: 12/19/03  T: 12/19/03</p> <p><i>Not of Sequence</i></p>



TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## INTEGRATED PROGRESS NOTES

DATE/TIME 12/19/03 0835	NAME MCCOLLUM, LARRY TDCJ#: 1105538 UNIT: SKYVIEW
	<p>S: Patient was seen for court commitment purposes to the state hospital. At the onset of the interview he was advised that the interview was not confidential and that it could be reviewed by the Judge. Patient is a 50-year-old White male who was admitted to Skyview on 02/01/03. He presented with depression. He was referred from the Cole Unit because he was waiting on a ride to go to his daddy's funeral, he had decreased hygiene, and was disoriented. His father had passed away in April 2003. At the time of interview on 12/01 he stated "I was getting confused about a few things, I did not know what day it was." Patient had been started on treatment for depression with Zoloft. He has no history of any suicide attempts. There is history that he heard a male voice telling him to hurt himself and others. At this time he denies hearing any voices. He denies any suicidal thoughts. Prior to coming to prison he had become depressed and spent \$12,000.00 on various items along with gambling. He also had apparently \$1,200.00 in debt. Today at the interview he stated that these were no longer outstanding debts since he came to the prison. He is unclear as to what he will do when he leaves the prison system. He states he has family support, however it has been six months since he has heard from his brother. He also states he will go out and look for a job. He knows a lady who places people and that it is called "Jack of all Trades." It appears though he states that he is looking forward to the future, getting out, and finding a job he appears to be vague as the details of how he will take care of himself out there. He does admit that he has depression and that he needs more treatment. He has history of becoming easily irritated and had poor hygiene and disorganized thoughts. This was noted in April 2003. He has been on antipsychotic as well as antidepressants in the past. He has significant history of prostate cancer in the family - a brother dying at age 51 five years ago. His father dying of prostate cancer in April 2003. Another brother 51 years of age who has prostate cancer. The patient is 50 years of age. He stated that he took care of his father, he got ill, and he had stopped drinking at that time because his father was dependent on him. He gave the history stating that he had stopped drinking in 2002, however on further interview when he started to gamble he started drinking again.</p>
	<p>O: Patient is a 51-year-old White male who appears older than his stated age. He presents with psychomotor retardation. His responses to some of the questions are vague. He relates well with the interviewer. At times he looks away. His affect is blunted. His mood is depressed. There is no evidence of auditory hallucinations at this time. He denies any suicidal thoughts or wanting to hurt others. He did admit he had felt that life was not worth living in the past. He</p>

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## INTEGRATED PROGRESS NOTES

<b>DATE/TIME</b> 12/18/03 0820	<b>NAME</b> MCCOLLUM, LARRY GENE <b>TDCJ#:</b> 1105538 <b>UNIT:</b> SKYVIEW
	<p><b>S:</b> This is a 50-year-old White male seen initially. He carries a diagnosis of Depressive Disorder, NOS. Patient has not had any free world treatment, he has had history of three DWI's and alcohol dependence. There was some notation of him having used methamphetamine and cocaine. He stated he did not use them at any time. He has no history of any suicide attempt in the free world and currently he denies any suicidal thoughts. The onset of his illness was when he came into prison and he had been spending about \$12,000.00 in gambling and spending spree. His brother had died five years and his father died in April 2003. He presented with neurovegetative signs of depression. He was treated with Zoloft, Pamelor, Trazodone, and currently on Prozac. He had one episode where he presented with some psychotic thinking, stating he was getting ready to go for his father's funeral and his hygiene was poor and he was somewhat confused and had also mentioned that there was a male voice telling him to hurt himself. Currently, at this time, he denies any auditory hallucinations or command hallucinations. He does say he does have some difficulty sleeping. His energy level is a little bit low but he states his depression is better. He is not allergic to any known medications.</p> <p><b>O:</b> Patient looks older than his stated age. He is unshaven. He had psychomotor retardation. At times he appeared to be having some difficulty processing questions, but he did answer questions relevantly. His affect was blunted. His mood was depressed. It appeared that he was on the verge of weeping. He knows he will be leaving the system on January 11, and will go to live with his brother and continue with treatment at the MHMR in Waco. He is not suicidal at this time. He is not psychotic at this time.</p>
	<p><b>A:</b> Axis I: Major Depressive disorder with Psychotic Features (Psychotic Features in Remission at this time).  Alcohol Dependence</p> <p>Axis II: No Diagnosis</p> <p>Axis III: Degenerative Disease of the Knees; H/O Low Back Pain</p> <p>Axis IV: Severe</p> <p>Axis V: GAF = 45</p> <p><b>P:</b> Patient to continue with Prozac 20mg QAM. To continue in the Mood Track. Risks, benefits, and side effects of Prozac were discussed with patient and he agrees to take medications. Yearly lab ordered.</p> <p><i>Vasantha C. Orocofsky M.D. 12/18/03.</i></p> <p>Vasantha Orocofsky, M.D. Date          VO:rc          D: 12/18/03          T: 12/18/03</p>

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCOLLUM, LARRY
	TDCJ#: 1105538
12.18.2003 0800	TREATMENT TEAM MEETING: (S) Offender was seen by the treatment team. He said he is feeling good, and that he is taking his medications regularly. He claimed that his depression is resolving. His father passed away in April of this year. (S) Alert but sluggish. Psychomotor retardation. Grossly oriented to all spheres. No suicidal or homicidal ideations. Mood is dysthymic with depressed affect. (A) 296.3 - Major Depressive Disorder, Recurrent, Unspecified. (P) Continue Mood Disorder Treatment Track. Continue medication as previously prescribed. - C. Justin mace
12/18/03 0945	Nsg: Orders noted. ~ J. Crockett
12/18/03 1307	Priscu: (S) Attended Stress Mgmt. group. (S) Participative but quiet. Responds when spoken to. States he feels less depressed taking Prozac. (A) 296.3 in partial remission. (P) Cont. tx plan. — Mimi Slidy, BA, MHI
12-18-03 1515	(S) Pt./offender attended Adaptive Functioning group. (S) Limited interaction, but appropriately responsive. (A) 296.3 — (P) Cont. Tx. Track. — J. Todd MHI

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCollum, Larry
	TDCJ#: 1105538
12-16-03 1550	<p>⑤ Pt. attended group therapy. Adaptive functioning. "Doing alright."</p> <p>⑥ Attentive. Cooperative. He responded adequately &amp; appropriately during discussion. (A) 311 (P) Cont. Tx. Track, Tedder MHL</p>
12/17/03 1500	<p>Psych: ⑤ Attended Stress Mngmt. group. ⑥ Quiet but attentive + fully participative.</p> <p>(A) 311 (P) Cont. tx plan. Mike Seeger, BA, MHL</p>
12/18/03 0820	<p>Progress note dictated.</p> <p>V. Crook (Sny).</p>

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISION

## INTEGRATED PROGRESS NOTES

DATE/TIME	NAME: McCollum, Larry
	TDCJ#: 1105538
12-12-03 1300	Visy, Received on Skyview 5-A Pod from Skyview 3, (Assigned to A-Pod Cell # 103). He was admitted to the Mood Disorder treatment program on 12-10-03 per order. B. McHarris, W.P. ——— L. Thompson, L.V.
12/15/03 0945	CRD. Chart review completed & documentation of SPIR ——— J. H. L. ———
12/15/03 1455	Psych: (S) Attended Stress Management group. (C) Signed consent form. (A) Appeared to be confused at times. (P) Cont. tx plan. ——— Miki Seader, BA, MHC
12-15-03 1530	(S) Pt. attended Adaptive Functioning group. (C) Alert & cooperative. He signed Consent for MH Services. Participated appropriately. (A) Deferred (P) Cont. Tx. Track. ——— Fiedler MHC
12/16/03 1140	Psych: (S) Attended Anger Management Group. (C) Signed consent form. Quiet but attentive. (A) 311 (P) Cont. tx plan. ——— K. Jennings, MA, S.
12/16/03 1530	Psych: (S) Attended Stress Mngmt. group. (C) Quiet but attentive. (A) 311 (P) Cont. tx plan. ——— Miki Seader, BA, MHC



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TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICESSKYVIEW PSYCHIATRIC FACILITY  
PSYCHIATRIC EVALUATION

OFFENDER NAME: McCOLLUM, LARRY GENE

TDCJ#: 1105538

## IDENTIFYING DATA:

DOB: 04-04-53

DATE OF ADMISSION: 12-01-03

AGE/RACE: 50 y/o White male.

EXAMINER: B. Meharry, MSN, RN, CS, PMH-NP.

DATE OF EXAMINATION: 12-03-03/1400.

## REASON FOR ADMISSION:

The patient was referred here from the Cole Unit by Mr. Dorsett, LBSW secondary to, "Patient was waiting on ride to go to Daddy's funeral, decreased hygiene, and disorientation." He was referred from Skyview Crisis Management into D&E with an AXIS I Diagnosis of R/O Dementia of the Alzheimer's Type, Uncomplicated, and on the following psychoactive medication: Fluoxetine 20 mg. p.o. q. h.s., Cogentin 2 mg. p.o. q. h.s., and Benadryl 25 mg. p.o. q. h.s. The patient was advised of the purpose of this examination, the limits of confidentiality, and informed consent. He verbalized understanding and agreed to participate.

## CHIEF COMPLAINTS:

"I was getting confused about a few things, like, I didn't know what date it was."

## PAST PERTINENT PSYCHIATRIC HISTORY:

The patient did not begin receiving any freeworld psychiatric treatment until 2001, when he first encountered his legal difficulties. He was treated with Zoloft for symptoms of depression at the MHMR center in Waco, Texas. There is no freeworld history of suicidal attempts/gestures, self-injurious behaviors, or anger-management problems. His substance abuse history included the use of alcohol, methamphetamines, and cocaine. With no known history of treatment for his substance abuse. There is no known familial history of mental illness or chemical dependency. There is no history of a juvenile record. While at the McClendon County Jail awaiting transfer to TDCJ-ID, he was diagnosed with Depression and was treated with Zoloft 100 mg. p.o. q. am.

This is the first incarceration for this patient who was received at TDCJ-ID on 07-01-02, where he is serving a 20-month sentence for Theft, Over \$1500. Upon receipt to the prison system, he told the Responsible Psychologist that he had been having difficulty coping with the death of his brother, who died five years ago and the death of his father, who died April of 2003. He became depressed and spent \$12,000. on various items and gambling. This led to his arrest and conviction. He also acknowledged that he had a problems with gambling, sex, and alcohol. He stated that his drinking escalated in 1983, following a divorce. He admits to three arrests for DWI. Although he has never been to Rehab, he relates that he entered a "Detox" center for 10 days in 1987. He also relates that he had some "minor" involvement with Alcoholic Anonymous. At the time, he also reported that he considered himself to be very co-dependent, expressed concern about his welfare upon release from prison as he has no place to live, was worried about the future, and had problems keeping his mind off things that depress him. Although he denied any current suicidal ideations or intent, he admitted that he sometimes believed that he had no real purpose for living. He often felt hopeless and lacked motivation, reported fluctuating appetite, erratic sleep pattern and a recent 30 lbs weight loss. There was no evidence of psychotic symptoms. On 07-02-02, he was seen by the attending psychiatrist where he received an AXIS I Diagnosis of Major Depressive Disorder, Recurrent. He was placed on Zoloft 100 mg. p.o. q. am. A few months later it was noted that he was doing well on Zoloft and wanted to continue his medication regimen. He was 100 percent compliant. He also related that he was experiencing feeling "jumpy". On 12-11-02, he was seen by another psychiatrist, where he reported not only a history of depression, but problems with anxiety. His AXIS I Diagnosis remained Major Depression. He was switched to Nortriptyline 25 mg. p.o. q. h.s. Several days later, he complained of still experiencing "jumpy legs" at bedtime. His Nortriptyline was increased to 50 mg. p.o. q. h.s. On 01-08-03, he complained that he was unable to sleep. His Nortriptyline was increased to 75 mg. p.o.

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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES**

**SKYVIEW PSYCHIATRIC FACILITY  
PSYCHIATRIC EVALUATION**

**OFFENDER NAME: McCOLLUM, LARRY GENE**

**TDCJ#: 1105538**

q. h.s. Shortly thereafter, he was referred to Skyview Crisis Management secondary to, threatening suicide. He was discharged back to his unit of assignment, with no change in his diagnosis or medication regimen. He continued to complain of feeling depressed, so his Nortriptyline was increased to 100 mg. p.o. q. h.s. On 04-15-03, he presented as decompensating. He was easily irritated and exhibited poor hygiene and disorganized thoughts. He continued to complain of feeling anxious. He was diagnosed with Anxiety Disorder, NOS and Depressive Disorder, Due To Alcohol and Drugs. He was placed on Haldol 10 mg. p.o. b.i.d., Benadryl 25 mg. p.o. b.i.d., and Prozac 20 mg. p.o. q. am.

More recently, on 09-17-03, he was seen by yet another attending psychiatrist, where he received an AXIS I Diagnosis of Major Depression With Psychotic Features. He continued on the same medication regimen of: Haldol 5 mg. p.o. q. h.s., Benadryl 25 mg. p.o. q. h.s., and Prozac 20 mg. p.o. q. h.s. On 11-24-03, he was seen by the MHS at cellside. He seemed disoriented, was difficult to understand, and related that he was waiting for a ride to go to his Dad's funeral. He was disheveled and exhibited poor hygiene. After consulting with Dr. Reddy, it was determined that he should be referred to Skyview Crisis Management for evaluation and determination of his treatment needs. Upon receipt to the Skyview Unit, he told the admitting RN that he was feeling depressed because a male voice was telling him to hurt himself or others. Objectively, he was observed to be alert, spontaneous, and although he was oriented in general, he was unaware that the day before had been the holiday (Thanksgiving). He seemed "somewhat" confused. Currently, he reports difficulty sleeping, but appetite is "good." He described his mood as "good." He denied any current suicidal ideations or intent. He voiced no complaints regarding side effects from his current medication regimen, but he did complain of difficulty sleeping, blurred vision, and difficulty starting to urinate.

**PERTINENT MEDICAL HISTORY:**

The patient has a history of chronic lower back pain. He has no known drug allergies. There is no known past history of head trauma, loss of consciousness, seizures, blackouts, or chronic headaches.

**PERTINENT PHYSICAL FINDINGS:**

**VITAL SIGNS:** TEMP: 98; PULSE: 130; RESP: 20; BP: 184/88.

**HT:** 70 in. **WT:** 218 lbs.

**LABORATORY INDICES/X-RAYS/OTHER PERTINENT DIAGNOSTIC STUDIES:**

CHEM 12 of 07-08-02 showed decreased glucose and elevated uric acid, decreased albumin; liver function test of 07-08-02 was within normal limits; lipid panel of 07-08-02 showed increased triglycerides, decreased HDL cholesterol and increased VLDL cholesterol; CBC with differential and platelet count of 07-08-02 showed decreased RBCs; TSH of 07-08-02 was within normal limits; T4 of 07-08-02 was decreased; T3 of 07-08-02 was within normal limits; FREE thyroxin index of 07-08-02 was decreased; PSA of 07-08-02 was within normal limits; Helicobacter pylori, IgG of 07-08-02 was positive; HIV-1-ABS of 07-02-02 was nonreactive; RPR of 07-02-02 was nonreactive.

There are no chest x-rays. X-ray of lumbar spine of 12-16-02 was within normal limits; x-ray of right knee of 12-16-02 showed some arthritic changes; x-ray of left knee of 12-16-02 showed minimal early articular marginal spurring; EKG of 07-02-03 showed normal sinus rhythm and was considered a normal EKG.

**GENERAL DESCRIPTION:** Well-developed, well-nourished, overweight, White male in no obvious acute physical distress. A complete physical examination was not performed at this time, due to the locked down status of the facility. A cursory visual examination revealed the following:

**HEENT:** EYES: no nystagmus; NOSE: no drainage.

**SKIN:** Nonicteric. Appears to be grossly intact.

**EXTREMITIES:** No cyanosis, clubbing or edema.

**NEUROLOGICAL EXAMINATION:** Cranial nerves II through XII appear to be grossly intact. **SENSORY:** grossly intact. **MOTOR:** good ROM in all extremities. **CEREBELLAR:** Steady gait with no ataxia. **AIMS:** negative.

**ASSESSMENT:** Possible Abnormal Laboratory Indices, Abnormal Cardiac Panel, and Elevated Systolic Pressure.

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**SKYVIEW PSYCHIATRIC FACILITY  
PSYCHIATRIC EVALUATION**

**OFFENDER NAME: McCOLLUM, LARRY GENE**

**TDCJ#: 1105538**

**MENTAL STATUS EXAMINATION:**

The patient was seen at cellside, due to the locked down status of the facility. He was dressed in a prison attire and was unshaven, but adequately clean. He appeared older than his stated age. He was alert, made good eye contact, and was cooperative. Psychomotor activity was calm. Speech was spontaneous, rate was within normal limits. Mood was appropriate to the situation. Affect was congruent with mood, range was reactive. No hallucinations were elicited at this time. Thought content was negative for suicidal or homicidal ideations or intent. He expressed no delusions and unusual thinking. Thought processes were coherent, logical, and goal-directed. Patient is grossly oriented X4. His remote and recent memory is grossly intact. His attention and concentration is intact. His intelligence is estimated to be in the average range. Insight and judgement are good.

**SUMMARY OF FINDINGS:**

This patient presents with no prior psychiatric history, until he encountered his legal difficulties and went through the stressors of losing some family members. There is also a history of excessive alcohol use. Currently, there are no abnormalities in cognition, thought content, thought processes, nor evidence of hallucinations. There is no major mood disturbance. I believe that his sleep disturbance is most likely due to the schedule that he is receiving Prozac. It may be too activating for him to receive it at night. Although he has no history of hypertension, his cardiac panel was significantly abnormal and there is a familial history of hypertension and diabetes. Given this patient's age and family history, it is possible that he may have experienced a transient ischemia attack (TIA). This would certainly need to be ruled out. At this time, I see no evidence of suicidal ideations or intent, nor is there a recent past history to indicate that he would be at high risk for engaging in self-injurious behaviors.

**DSM-IV DIAGNOSIS:**

<b>AXIS: I:</b>	311.293.9	Depressive Disorder, NOS. R/O Mental Disorder, NOS, Due to Possible Cardiovascular Problems.
<b>AXIS II:</b>		Deferred.
<b>AXIS III:</b>		Chronic Low-Back Pain; R/O Cardiovascular Problems. NKDA.
<b>AXIS IV:</b>		Problems related to interaction with the legal system: incarceration. Problems due to primary support group: recent death of a family member.
<b>AXIS V:</b>		GAF: 55.

**RECOMMENDATIONS/INTERVENTIONS:**

Prozac 20 mg. p.o. q. am and Trazodone 100 mg. p.o. q. pm X14 days, then D/C. Discontinue Cogentin and Benadryl. Educated patient regarding side effects, risks, and possible benefits with the use of Prozac and Trazodone. Patient consents and agrees with the treatment plan. I believe that this patient could benefit from the programming in the Mood Disorder Treatment Track to help him learn some coping skills, in order to better plan his future.

**PROGNOSIS:** Uncertain at this time.

**SIGNATURE/DATE:**

*B. Meharry, MSN, RN, CS, PMH-NP* 12-5-03  
 B. Meharry, MSN, RN, CS, PMH-NP/Date 0745  
 Transcribed: 12-04-03/12/mlr

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TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES

SKYVIEW PSYCHIATRIC FACILITY  
PSYCHOSOCIAL EVALUATION

OFFENDER NAME: McCollum, Larry Gene

TDCJ#: 1105538

IDENTIFYING DATA:

Name: McCollum, Larry Gene

TDCJ#: 1105538

Race: White

DOB: 4-04-53

Age: 50-8

SSNO: Unknown

Admission Date: 12-01-03

Previous Skyview crisis management admissions: 3

Previous inpatient admissions: 0

Current Date: 12-02-03

Examiner: John Yarbrough, SP

REASON FOR REFERRAL:

McCollum is a recent admission to D&E from Skyview crisis management. The purpose of this report is to assess this individual's current mental status and to provide recommendations for placement, treatment programming, and aftercare planning. He was previously advised of the limits of confidentiality. He provided verbal consent for this evaluation on 12-02-03.

CHIEF COMPLAINTS:

"I was depressed, I guess."

McCollum was admitted after reporting that he "was waiting for a ride to his father's funeral." Hygiene was reportedly decreasing and he was reportedly disoriented. At Skyview he stated, "I've been a little confused for a couple of months, I guess." He stated that he was also having trouble with constipation, dry mouth, blurry vision, mild trembling in his hands, and some degree of confusion. "I try to count the days that I have until I get out. I get out in January of next year."

PERTINENT MENTAL HEALTH HISTORY:

McCollum arrived on Skyview crisis management on 11-25-03 from the Cole State Jail. The admitting diagnosis was to "Rule Out Uncomplicated Dementia of the Alzheimer's Type". He is currently prescribed Prozac 20mg hs, Benadryl 25mg hs, and Cogentin 2mg hs.

Records indicate that McCollum has a history of alcohol abuse since 1983. He reports treatment in 1987 and has been minimally involved in AA. He was not treated for depression, however, until about 2001 when he was first incarcerated in the county jail. While at the McClellan County Jail, he was diagnosed with depression and

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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES**

**SKYVIEW PSYCHIATRIC FACILITY  
PSYCHOSOCIAL EVALUATION**

**OFFENDER NAME: McCollum, Larry Gene**

**TDCJ#: 1105538**

prescribed Zoloft 100mg q am. He was also on HCTZ. It was noted that he weighed 307 pounds while at the McClennan County Jail.

McCollum arrived in TDCJ on 7-01-02. On 7-16-02, while at the Hutchins State Jail, he was given a Personality Assessment Inventory which was consistent with diagnoses of Alcohol Dependence and Depression. He was described as being unhappy and pessimistic. He was given a diagnosis of Depressive Disorder NOS and Alcohol Dependence. He claims that he has been losing weight, and he reports losing about 70 pounds over the past 18 months. He was first sent to Skyview crisis management on 1-10-03, and prior to the current admission, his last time at Skyview was from 1-24-03 to 1-29-03 when he was diagnosed with Recurrent Major Depressive Disorder. He had been referred not because of any overt threats of self-harm, but because staff had noted that he was giving away his property. He was seen throughout the first part of 2003 and seen less frequently from 5-09-03 to 8-18-03. On 8-18-03, while at the Cole Unit, he was referred by security with reports that he was disheveled and had been "hoarding strange objects". This behavior was not further commented upon. He was next seen on 11-24-03 and this time was referred to Skyview on the above complaints.

**PERTINENT SOCIAL HISTORY:**

According to this patient, he was born in Enid, Oklahoma and raised in a relatively intact family environment. He had a brother who reportedly died in February of 2002 and his father reportedly died two months later, in April of 2002. McCollum reports that he has been divorced since 1983. He has two children, a 27-year-old daughter and a 21-year-old son, who reside in Waco. Upon release from TDCJ, McCollum plans to return to the Waco area. He remains in contact with his family.

McCollum attended school through the twelfth grade and received a high school diploma. He reports that he was in advanced classes from grades nine to eleven. He is able to read and write and records indicate an overall EA score of 8.6. He has no history of military service. He worked as a warehouse forklift operator. He has been able to maintain steady employment.

Records indicate a history of alcohol abuse, which escalated after his 1983 divorce. He also reports use of cocaine and methamphetamines. He reports detox for ten days in 1987. He reports minor involvement with AA. He reported no incident of head trauma or seizure disorder. He was previously treated for hypertension and complains of chronic knee and back pain. He has not been treated for any medical conditions. He denied any food or drug allergies. He reports a family history of cardiac disease and diabetes.

This patient arrived in TDCJ on 7-01-02. He is currently serving a 20-month sentence from McLennan County for charges of theft over \$1500.00. This is his first TDCJ incarceration. Although he has forfeited no good time, he has received three recent disciplinary cases for failing to obey orders, on 9-02-03, 10-09-03, and 11-07-03, respectively. He remains Line Class I with a projected release date of 1-12-2004.

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES**

**SKYVIEW PSYCHIATRIC FACILITY  
PSYCHOSOCIAL EVALUATION**

**OFFENDER NAME: McCollum, Larry Gene**

**TDCJ#: 1105538**

**MENTAL STATUS EXAMINATION:**

McCollum is a 50-year-old white male who appears older than his stated age. He is of average height and overweight in build, 5'8" tall and 218 pounds. Records indicate that he has lost a significant amount of weight since his arrival in TDCJ on 7-01-02. At this time, gait and gross motor control are within normal limits. He was unshaved, but otherwise adequately groomed, dressed in a prison-issued jumpsuit. He was alert and oriented to person, place, situation, and roughly to date. He believed that this was November 25, 2003. He was aware, however, that Thanksgiving had recently passed. He is also aware that he is scheduled for release in about five weeks. Adequate eye contact was maintained.

McCollum's speech was clear, coherent, and goal-directed. No emotional distancing was noted. He is not reporting hallucinatory phenomena and he does not appear to be attending to internal stimuli. No suspiciousness was noted and no delusions were elicited. He reports no disturbance of sleep or appetite. His mood appears euthymic with a reactive affect. At present he denied any self-harm ideation.

This patient appears to be within the average range of intellectual functioning. Records indicate a Beta-3 IQ score of 92. He has an adequate fund of general information and memory functioning appears grossly intact. No distractibility was noted. Insight and judgment appear adequate.

**RESULTS OF PSYCHOMETRICS:**

McCollum received a score of 29 on the Brief Psychiatric Rating Scale. He presents with mild complaints of depression and a mild degree of anxiety in the absence of overt signs or symptoms of psychosis. These ratings were consistent with those of the Hamilton Rating Scale for depression and indicate a mild degree of impairment.

**SUMMARY OF FINDINGS:**

Records indicate a lengthy history of alcohol dependence and a history of treatment for anxiety and depression since his incarceration in late 2001. Staff currently complain of some oddities in behavior and some degree of mild confusion. McCollum complains of some confusion and disorientation as well as symptoms which may be related to his anticholinergic regimen. No recent laboratory information is available and he has been referred for further medical evaluation. In line with the current information, a continued provisional diagnosis of Depressive Disorder NOS is appropriate.

**DSM-IV DIAGNOSTIC IMPRESSION:**

Axis I: 311 Depressive Disorder NOS, provisional.  
Rule out 995.2 Adverse effects of medication NOS.  
Axis II: V71.09 No diagnosis on Axis II.  
Axis III: Deferred.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES

SKYVIEW PSYCHIATRIC FACILITY  
PSYCHOSOCIAL EVALUATION

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OFFENDER NAME: McCollum, Larry Gene

TDCJ#: 1105538

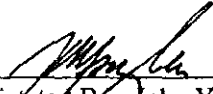
Axis IV: Psychosocial and environmental stressors: incarceration.

Axis V: Current GAF = 50

RECOMMENDATIONS/INTERVENTIONS:

McCollum remains on monitoring status in D&E. He has been referred for medication evaluation and for further medical evaluation to rule out other conditions. Consult has been made with the treating mid-level practitioner.

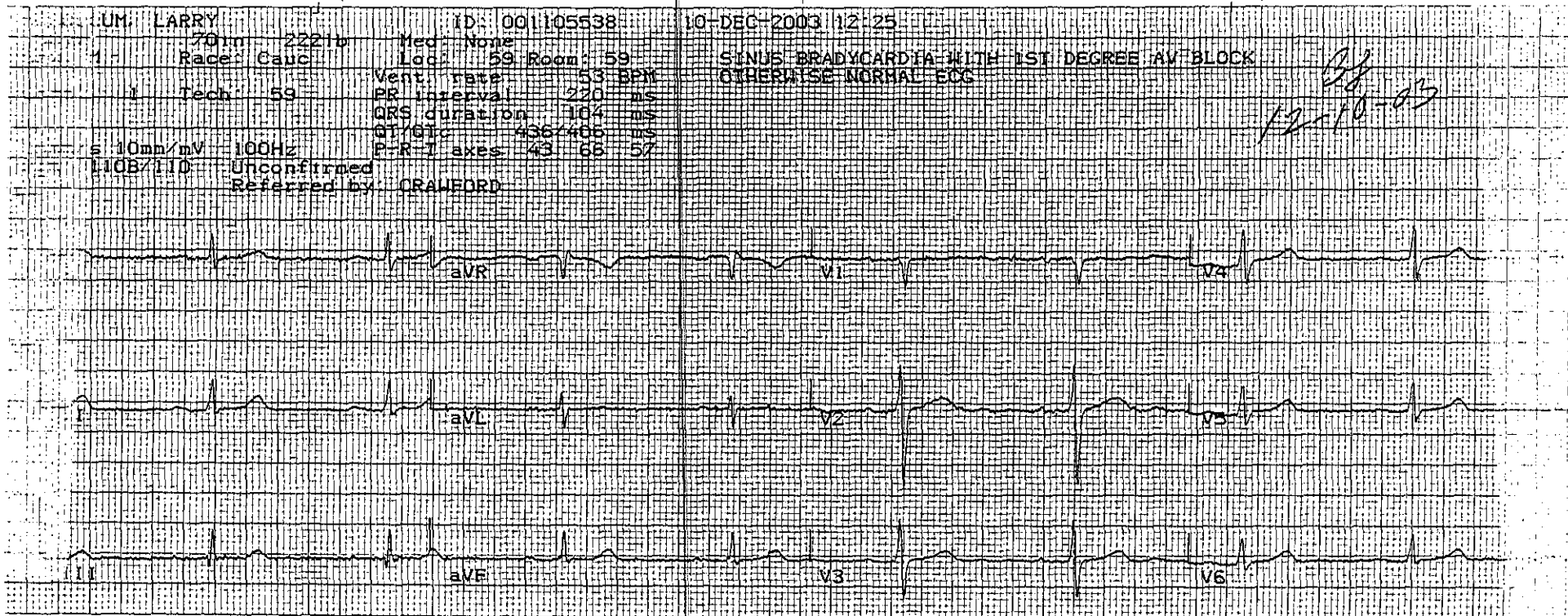
SIGNATURE/DATE:

  
Dictated By: John Yarbrough, SP 12/3/03 C 1000  
Transcribed: 12-03-03/0850/nj 12-02-03



NAME: LAST M<sup>c</sup>Collum FIRST Larry  
 TDCJ#: 1105538  
 UNIT: SV ✓ HD      
 DATE ORDERED: 12-3-03  
 AGE: 50  
 SEX: m  
 HEIGHT (In Inches): 70  
 WEIGHT: 222  
 RACE: C  
 DOCTOR: Crawford  
 TECH ID#: 59

SCANNED



Patient Name: MCCELLIN, LARRY  
 Patient Account: 12006856-804  
 Med. Rec. No: 0002101105538R  
 Age: 20 YRS Sex: M Race:  
 Referring Dr: MURDOCCFSKY, VASANTHA  
 Referring Dr: MURDOCCFSKY, VASANTHA  
 Result to Physician:  
 Location: TDC-SKYVIEW UNIT

**UTMB LABORATORIES**  
 The University of Texas Medical Branch  
 Galveston, Texas 77555-0743  
 Telephone Number: (800) LAB-2266  
**UTMB/TDCJ Regional Medical Facility Laboratory**  
 Estelle Unit, 264 FM 3478  
 Huntsville, Texas 77320  
 Telephone Number: (936) 291-6896 X3804

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
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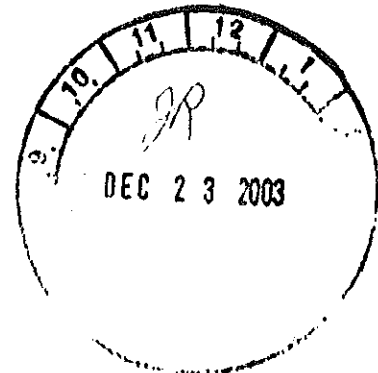
UTMB/TDCJ-RMF - Huntsville Tx. 77320 - Telephone Number (936) 291-4200 EXT:3804

54,103

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 UTMB REGIONAL - URINALYSIS  
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12/19/03 0455

COLOR	YELLOW			
APPEARANCE		OBSCURED	*	
SP GRAVITY	1.025			5.5-7.0
PH	5.5			NEGATIVE
PROTEIN	NEGATIVE			NEGATIVE
GLU U/DIAL	NEGATIVE			NEGATIVE
KETONES	NEGATIVE			NEGATIVE
BILIRUBIN	NEGATIVE			NEGATIVE
BLOOD	NEGATIVE			NEGATIVE
NITRITE	NEGATIVE			NEGATIVE
UROBILIN	0.2EU/DL			0-1.0
LEUK ESTER	NEGATIVE			NEGATIVE
MICRO EXAM	NONE			
RBC/HPF		1-4	*	
WBC/HPF				
MUCUS	NONE			



PRINT DATE: 12/23/03  
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Plaintiffs' MSJ Appx. 1138

**UTMB LABORATORIES**

The University of Texas Medical Branch

Galveston, Texas 77555-0743

Telephone Number: (800) LAB-2266

UTMB/TDCJ Regional Medical Facility Laboratory

Estelle Unit, 264 FM 3478

Huntsville, Texas 77320

Telephone Number: (936) 291-6896 X3804

Patient Name: GUGLUM, LARRY  
 Patient Account: 00226856-004  
 Ed. Rec. No: 00020011555388  
 Test: CBC WBC Test: H Type:  
 Referring Dr: DRAGOCFSKY, VASANTHA  
 Ordering Dr: DRAGOCFSKY, VASANTHA  
 Result to Physician:  
 Location: IPC-ERYVIEW UNIT

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
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UTMB/TDCJ-RMF - Huntsville Tx. 77320 - Telephone Number (936) 291-4200 EXT:0204

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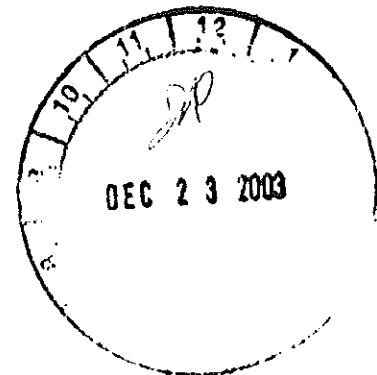
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UTMB REGIONAL - HEMATOPATHOLOGY  
\*\*\*\*\*

12/19/03 0455

WBCx10 <sup>3</sup>	3.6		/CMM	4.5-10.5
RBCx10 <sup>6</sup>	7.31		/CMM	4.25-5.65
HGB	14.9		g/dL	13.5-17.0
HCT	43.7		%	37.3-50.0
MCV	66.9		fL	92.0-97.0
MCH	20.0		pg	27.0-33.0
MCHC	30.1		%	31.3-36.2
RDW		14.3 H	%	11.0-14.1
PLTx10 <sup>3</sup>	104		/CMM	150-400
MPV		12.0 H	fL	7.3-11.2
GRANX	53.4		%	45.3-78.0
LYMPHX	37.8		%	13.0-51.0
MONOX	5.4		%	1.0-12.0
EOSX	1.0		%	0.0-6.0
BASOX	0.5		%	0.0-2.0
GRANXx10 <sup>3</sup>	4.6		/CMM	2.1-7.4
LYMPHXx10 <sup>3</sup>	3.2		/CMM	1.5-4.4
MONOXx10 <sup>3</sup>	0.6		/CMM	0.2-0.9
EOSXx10 <sup>3</sup>	0.2		/CMM	0.0-0.4
BASOXx10 <sup>3</sup>	0.0		/CMM	0.0-0.2

Legend:  
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Plaintiffs' MSJ Appx. 1139

Patient Name: MCCOLLUM, LARRY  
 Patient Account: 2206656-P04  
 Med. Rec. No: (3202)01105520R  
 Age: 50 YRS Sex: M Race:  
 Attending Dr: KRODOGFSKY, VASANTHA  
 Referring Dr: KRODOGFSKY, VASANTHA  
 Result to Physician:  
 Location: IDC-SKYVIEW UNIT

**UTMB LABORATORIES**  
 The University of Texas Medical Branch  
 Galveston, Texas 77555-0743  
 Telephone Number: (800) LAB-2266  
**UTMB/TDCJ Regional Medical Facility Laboratory**  
 Estelle Unit, 264 FM 3478  
 Huntsville, Texas 77320  
 Telephone Number: (936) 291-6896 X3804

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
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UTMB/TDCJ-RMF - Huntsville Tx. 77320 - Telephone Number (936) 291-4200 EXT:3804

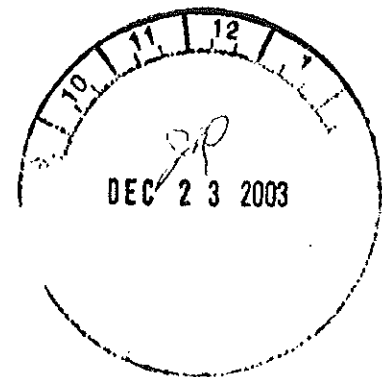
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 UTMB REGIONAL - CHEMISTRY  
 \*\*\*\*\*

12/19/03 0455

NA	134		MMOL/L	135-145
K	3.9		MMOL/L	3.5-5.0
CL	107		MMOL/L	98-108
CO2	29		MMOL/L	23-31
SGAP	8			2-16
GLUCOSE	95		MG/DL	70-110
BUN	19		MG/DL	7-23
OSMOLALITY	288		MOSM/L	
CREATININE	0.74		MG/DL	0.70-1.70
BUN/CREAT	25.7			
CALCIUM	9.6		MG/DL	8.6-10.6
PHOSPHORUS	2.9		MG/DL	2.5-5.0
ALK PHOS	94		U/L	34-122
AST (SGOT)	15		U/L	13-40
ALT (SGPT)	22		U/L	9-51
GGT	16		U/L	13-58
LDH	226		U/L	100-600
TOTAL BILI	1.6		MG/DL	0.1-1.1
TOTAL PROT	7.5		G/DL	6.3-8.0
ALBUMIN	3.9		G/DL	3.2-5.2
MAGNESIUM	1.8		MG/DL	1.7-2.4
TSH	2.35		uIU/mL	0.49-4.70

A VARIETY OF PHARMACOLOGICAL INTERFERENCES INFLUENCE SERUM TSH.



CONTINUED

PRINT DATE: 12/22/03 11:51:00  
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USE: 2

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Plaintiffs' MSJ Appx. 1140

Patient Name: JACQUELINE LEARY  
 Patient Account: 00066848-472  
 Id. Rec. No: 0000201105533R  
 Date: 02/08/03 Test: H Spec:  
 Submitting Dr: J. HARRIS  
 Referring Dr: J. HARRIS  
 Sent to Physician:  
 Location: TDC-SKYVIEW UNIT

**UTMB LABORATORIES**  
 The University of Texas Medical Branch  
 Galveston, Texas 77555-0743  
 Telephone Number: (800) LAB-2266  
 UTMB/TDCJ Regional Medical Facility Laboratory  
 Estelle Unit, 264 FM 3478  
 Huntsville, Texas 77320  
 Telephone Number: (936) 291-6896 X3804

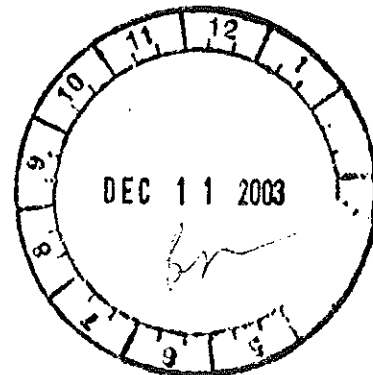
Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
UTMB/TDCJ-RMF - Huntsville Tx. 77320 - Telephone Number (936) 291-4200 EXT:3804				

\*\*\*\*\*  
 UTMB GALVESTON-SPECIAL CHEMISTRY  
 \*\*\*\*\*

12/08/03 3545	12.5 H	MG/ML	1.5-12.0
FOLATE SER		PG/ML	120-914
VIT B12	379		

Legend:

High  
 OF REPORT



PRINT DATE: 12/11/03  
 OTHER ID:

DOCTOR'S/OFFICE COPY  
 CLINIC/UNIT COPY

Plaintiffs' MSJ Appx. 1141

Patient Name: COLLETT, LARRY  
 Patient Account: 11026824-113  
 Ad. Acc. No: 11026824-113  
 Age: 50 YRS Sex: M Race:  
 Referring Dr: SHEHARRY  
 Referring Dr: SHEHARRY  
 Ref to Physician:  
 Location: IDC-SKYVIEW UNIT

**UTMB LABORATORIES**  
 The University of Texas Medical Branch  
 Galveston, Texas 77555-0743  
 Telephone Number: (800) LAB-2266  
 UTMB/TDCJ Regional Medical Facility Laboratory  
 Estelle Unit, 264 FM 3478  
 Huntsville, Texas 77320  
 Telephone Number: (936) 291-6896 X3804

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
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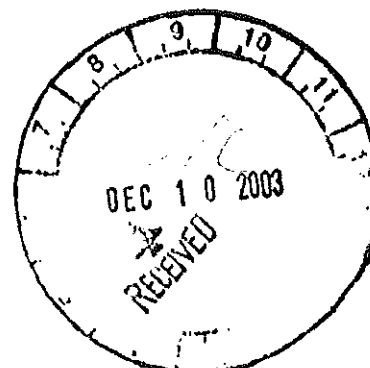
UTMB/TDCJ-RMF - Huntsville Tx. 77320 - Telephone Number (936) 291-4200 EXT:2804

UTMB REGIONAL - CHEMISTRY

12/08/03 0545

HA	114		MMOL/L	135-145
K	4.1		MMOL/L	3.5-5.0
CL		109 H	MMOL/L	98-108
CO2	28		MMOL/L	23-31
CRAP	7			2-16
GLUCOSE	91		MG/DL	70-110
UN	18		MG/DL	7-23
OSMOLALITY	288		MOSM/L	
CREATININE	0.70		MG/DL	0.70-1.20
UN/CREAT	15.7			
CALCIUM	9.3		MG/DL	8.6-10.6
PHOSPHORUS	3.5		MG/DL	2.5-5.0
URIC ACID	3.2		MG/DL	3.6-8.0
ALK PHOS	73		U/L	54-122
AST (SGOT)	15		U/L	13-40
ALT (SGPT)	16		U/L	9-51
GGT	14		U/L	13-58
CH	229		U/L	120-600
TOTAL BILI	3.4		MG/DL	0.1-1.1
TOTAL PROT	6.9		G/DL	6.0-8.3
ALBUMIN	3.5		G/DL	3.2-5.2
MAGNESIUM	1.8		MG/DL	1.7-2.4
TSH	0.09		uIU/ML	0.49-4.70

A VARIETY OF PHARMACOLOGICAL INTERFERENCES INFLUENCE SERUM TSH.



PRINT DATE: 12/09/03  
 ORDER ID:

DOCTOR'S/OFFICE COPY  
 CLINIC/UNIT COPY

Plaintiffs' MSJ Appx. 1142



Patient Name: MICHAEL, LARRY  
 Patient Account: 0006824-1-3  
 Med. Rec. No: 0002191105530R  
 Age: 60 YRS Sex: M Race:  
 Referring Dr: SHEHARRY  
 Sent to Physician:  
 Location: TDC-SKYVIEW UNIT

**UTMB LABORATORIES**  
 The University of Texas Medical Branch  
 Galveston, Texas 77555-0743  
 Telephone Number: (800) LAB-2266  
 UTMB/TDCJ Regional Medical Facility Laboratory  
 Estelle Unit, 264 FM 3478  
 Huntsville, Texas 77320  
 Telephone Number: (936) 291-6896 X3804

Test Description	Normal Results	Abnormal Results/Flag	Units	Reference Range
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UTMB/TDCJ-RMF - Huntsville Tx. 77320 - Telephone Number (936) 291-4200 EXT:3804

UTMB REGIONAL - HEMATOLOGY

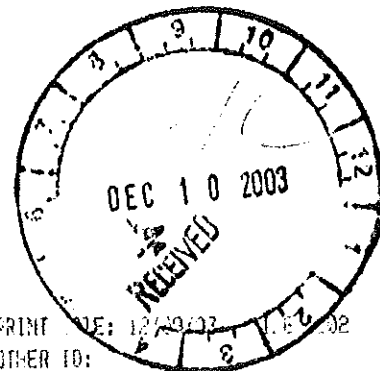
12/08/03 0545

WBCx10 <sup>3</sup>	6.6		/CM	4.5-10.5
RBCx10 <sup>6</sup>	4.25		/CM	4.25-5.65
HGB	13.9		G/DL	13.5-17.0
HCT	41.1		%	37.0-50.0
MCV	86.7		FL	82.0-97.0
MCH	32.7		PG	27.0-33.0
MCHC	33.8		%	31.0-36.2
RDW		14.7 H	%	11.8-14.1
PLTx10 <sup>3</sup>	167		/CM	150-400
MPV		11.6 H	FL	7.8-11.2
GRAN%	39.3		%	35.0-73.0
LYMPH%	42.4		%	20.0-51.0
MONO%	5.3		%	4.0-12.0
EOS%	1.7		%	0.0-6.0
BASO%	1.3		%	0.0-2.0
GRAN#x10 <sup>3</sup>	3.3		/CM	2.1-7.4
LYMP#x10 <sup>3</sup>	2.8		/CM	1.3-4.4
MONO#x10 <sup>3</sup>	0.4		/CM	0.2-0.9
EOS#x10 <sup>3</sup>	0.1		/CM	0.0-0.4
BASO#x10 <sup>3</sup>	0.3		/CM	0.0-0.2

Legend:

H = High

CONTINUED



PRINT CODE: 12/10/03  
 OTHER ID:

MHS 8-1 Attachment B

University of Texas Medical Branch  
Correctional Managed Care  
MENTAL HEALTH SERVICES

CONSENT FOR MENTAL HEALTH SERVICES

Patient name Mr. Collum, Larry TDCJ # 1105538 Facility Skyview

1. I, The undersigned authorize Dr./Ms./Mr. Jennings and his/her designated assistants to administer (treatment/assessment) group and/or individual therapy to me and continue such treatment as medically necessary.

2. I understand that this treatment/assessment consists of (full description of treatment):

individual and/or group therapy as outlined on treatment plan

3. I understand that the benefits of treatment/assessment include Gaining knowledge about mental illness and medications, increase insight and coping skills.

4. I also understand that the treatment/assessment involves certain risks and complications, the most common of which are (describe risks):

limits of confidentiality (group setting, chart notes) Emotional nature of therapy. Demotion in function level if group refused

5. The alternative methods of treatment/assessment have been explained to me; I understand that they include (describe alternatives):

individual therapy only, or discharge to UOA if non-compliant with treatment

Limits of confidentiality have been explained to me. No guarantees or assurances have been given by anyone as to the results that may be obtained.

Larry McCollum  
PRINTED NAME OF PATIENT

[Signature]  
PATIENT SIGNATURE

12-16-03  
DATE

K. Jennings, MA, SP  
PRINTED NAME OF MENTAL HEALTH PROVIDER

[Signature]  
PROVIDER SIGNATURE

12-16-03  
DATE

MHS B-1 Attachment B

University of Texas Medical Branch  
Correctional Managed Care  
MENTAL HEALTH SERVICES

103

CONSENT FOR MENTAL HEALTH SERVICES

Patient name McCullum, LARRY GENE TDCJ # 1105538 Facility Skyview

1. I, LARRY McCULLUM authorize ~~GENE~~ (Mr.) Charles Junkin LAC and his/her designated assistants to administer (treatment/assessment) individual and group psychotherapy to me and continue such treatment as medically necessary.
2. I understand that this treatment/assessment consists of (full description of treatment):  
counseling, psychoeducational groups, and/or psychotherapy
3. I understand that the benefits of treatment/assessment include reduction of symptoms.
4. I also understand that the treatment/assessment involves certain risks and complications, the most common of which are (describe risks):  
no change in symptoms and violation of confidentiality by group members
5. The alternative methods of treatment/assessment have been explained to me; I understand that they include (describe alternatives):  
return to unit of assignment for outpatient treatment

Limits of confidentiality have been explained to me. No guarantees or assurances have been given by anyone as to the results that may be obtained.

LARRY GENE McCullum  
PRINTED NAME OF PATIENT

Larry Gene McCullum  
PATIENT SIGNATURE

12.15.2003  
DATE

Charles Junkin MA LAC SP  
PRINTED NAME OF MENTAL HEALTH PROVIDER

Charles Junkin MA LAC SP  
PROVIDER SIGNATURE

12.15.2003  
DATE

MHS B-1 Attachment B

University of Texas Medical Branch  
Correctional Managed Care  
MENTAL HEALTH SERVICES

CONSENT FOR MENTAL HEALTH SERVICES

103  
Patient name McCollum, Larry TDCJ # 1105538 Facility SV

1. I, (undersigned) authorize Dr./Ms. (Mr.) J. Tedder and (his) her designated assistants to administer (treatment/assessment) Individual or Group Therapy to me and continue such treatment as medically necessary.

2. I understand that this treatment/assessment consists of (full description of treatment):

Increased adaptive functioning & coping skills.

3. I understand that the benefits of treatment/assessment include Decreased anxiety.

4. I also understand that the treatment/assessment involves certain risks and complications, the most common of which are (describe risks):

Potential breach of confidentiality.

5. The alternative methods of treatment/assessment have been explained to me; I understand that they include (describe alternatives):

Other appropriate groups.

Limits of confidentiality have been explained to me. No guarantees or assurances have been given by anyone as to the results that may be obtained.

Larry McCollum  
PRINTED NAME OF PATIENT

Larry McCollum 12-15-03  
PATIENT SIGNATURE DATE

J. Tedder, MHL  
PRINTED NAME OF MENTAL HEALTH PROVIDER

J. Tedder 12-15-03  
PROVIDER SIGNATURE DATE

## MHS B-1 Attachment B

University of Texas Medical Branch  
Correctional Managed Care  
MENTAL HEALTH SERVICES

CONSENT FOR MENTAL HEALTH SERVICES

Patient name McCollum, Larry TDCJ # 1105538 Facility SKYVIEW

1. I, the undersigned authorize Ms. M. SLEDGE and his/her designated assistants to administer (treatment/assessment) individual and/or group psychotherapy to me and continue such treatment as medically necessary.
2. I understand that this treatment/assessment consists of (full description of treatment):  
Group and individual psychotherapy per my Individual Treatment Plan (ITP)
3. I understand that the benefits of treatment/assessment include increased stability & knowledge of MH illness
4. I also understand that the treatment/assessment involves certain risks and complications, the most common of which are (describe risks):  
Possible lack of confidentiality in a group setting
5. The alternative methods of treatment/assessment have been explained to me; I understand that they include (describe alternatives):  
Individual psychotherapy only and/or possible discharge to outpatient care

Limits of confidentiality have been explained to me. No guarantees or assurances have been given by anyone as to the results that may be obtained.

Larry McCollum  
PRINTED NAME OF PATIENT

Larry McCollum  
PATIENT SIGNATURE

12-15-03  
DATE

MIKI SLEDGE, BA, MHT  
PRINTED NAME OF MENTAL HEALTH PROVIDER

Miki Sledge, MHT  
PROVIDER SIGNATURE

12/15/03  
DATE

i. Michael McCallum (patient name) voluntarily approve of my admission to a mental health inpatient facility within the Texas Department of Criminal Justice.

verbally consents  
Patient Signature

1105538  
TDCJ#

12-3-83  
Date:

Bill Langins R/S PMH-LT  
Witness

Witness

Witness